Qikiqtani Inuit Post-Secondary Education Sponsorship Application

Illinniarniq Advanced Education

PROGRAM INTRODUCTION

The Qikiqtani Inuit Post-Secondary education sponsorship program helps Inuit (registered to the Qikiqtani Region) gain skills by supporting those enrolled in an approved post-secondary school and is governed by the Illinniarniq post-secondary policy which may be amended from time to time. The Kakivak Association reserves the right to make funding decisions as its sole discretion. Through this program eligible participants can receive:

- Living Allowance
- Tuition / Books
- Travel Support
- Program Equipment / Supplies (PPE, uniforms, etc)
- Other Supports (Laptop, childcare, tutoring, accommodations for disabilities, etc.)

Do you need additional sponsorship funding for any of the following:

- ☐ Tuition / Books
- ☐ Laptop
- ☐ Childcare
- ☐ Program Equipment/Supplies
- ☐ Travel
- ☐ Tutoring
- ☐ Bus Pass

Please Note: This sponsorship covers the applicant during one academic year of study and created through a sponsorship agreement outlining that time frame. If you are continuing in the next academic year, you'll need to submit a new application. Funding is assessed based on information available to Kakivak at the time of review, and Kakivak's liability is limited solely to approved funding under the Ilinniarniq program and does not extend to institutional, academic, financial, or tax matters.

DOCUMENTATION CHECKLIST

Please use the checklist below to ensure you provide all the required information to avoid processing delays. If you have any questions contact us at 1-800-561-0911 or email us at students@kakivak.ca.

- ☐ Complete this Qikiqtani Inuit Post-secondary education sponsorship application.
- ☐ A copy of your NTI Enrolment Card
- ☐ Void Cheque
- ☐ A copy of Government issued ID
- ☐ A Letter of Intent explaining:
  - Why are you taking this program?
  - What are your plans after completing this program?
  - What is your career goal?
- ☐ An Acceptance Letter from a post-secondary school indicating that you have been accepted.
- ☐ Letter of approval from other funding sources.
- ☐ If you have attended post-secondary programs in the past, you must include your transcripts (high school transcripts are not required).

Please Note: Personal information for the purpose of allocating and distributing funding through this program will be collected and used in accordance with Kakivak's Privacy Policy as outlined in Section 8 of the Illiniarniq Advanced Education Policy Manual as well as the declaration and authorization on page 6 of this application package.

PERSONAL INFORMATION

First Name *(As shown on your government issued ID)*: __________

Last Name *(As shown on your government issued ID)*: __________

Mailing Address: __________

Community/City: __________

Postal Code: __________

Email Address: __________

Telephone: __________

Cell Phone: __________

Date of Birth *(dd/mm/yy)*: __________

Age: __________

Gender: __________

SIN #: __________

Do you have any visible or non-visible disabilities? ☐ Yes ☐ No

Please Note: This is a voluntary disclosure at the request of Kakivak's federal funding partners.

Are you a resident of the Qikiqtani Region: ☐ Yes ☐ No

(If 'No,' please state when you last lived in the Qikiqtani Region and which community)

Date *(mm/dd/yy)*: __________

Community: __________

Are you enrolled to the Nunavut Land Claims Agreement under the Qikiqtani Region? ☐ Yes ☐ No

If yes, provide a copy of your NTI enrolment card. If no, please contact NTI to enroll. Your application cannot be approved without this number.

NTI Enrolment Card Number: __________

Registered Community under NTI Enrolment Card: __________

☐ I am aware that Kakivak Association might contact Nunavut Tunngavik Incorporated to verify information related to my enrolment card

Address while attending post-secondary school:

Mailing Address __________

Community/City: __________

Postal Code: __________

FAMILY INFORMATION

Marital Status: ☐ Single ☐ Common Law / Married ☐ Widowed ☐ Divorce / Separated

If you have a spouse, are they also applying for the Qikiqtani Inuit Post-Secondary education sponsorship program? ☐ Yes ☐ No

Spouses Name: ____________________ Date of Birth *(dd/mm/yy)*: ____________________

Are you living with dependent children? ☐ Yes ☐ No
(If 'yes,' please list the dependent children you are claiming below:)

Please Note: If both parents have applied for sponsorship, only one parent may claim for the dependent children at one time. A dependent child is defined as a child, stepchild, or adopted child under the age of 18 who is financial dependent on the application

NAME	AGE	RELATIONSHIP	Date of Birth *(dd/mm/yyy)*

EDUCATION

What is the highest grade you completed (Kindergarden - Grade 12) — Grade ____________________

What is the highest level of post-secondary education you completed (Certificate, Diploma, Degree, Masters, PhD, Trades) — Post-secondary ____________________

COURSE OR TRAINING PROGRAM INFORMATION

Are you studying/training? ☐ Full-time ☐ Part-time

Is this program online? ☐ Yes ☐ No

Will you need to leave your home community to attend? ☐ Yes ☐ No

Program Name: ______________________________

Program Length (total duration of the program) _____years or ______months

Name of Post-Secondary School: ______________________________

Start of Academic Year *(dd/mm/yy)*: ______________

End of Academic Year *(dd/mm/yy)*: ______________

Location of the Post-Secondary School *(Community or City)* ______________________________

You will be entering year _______

Type of Credential awarded at the end of the program
(Certificate, Diploma, Degree, Masters, PhD, Trades) ______________________________

Type of School *(ex: College, University)*: ______________________________

Will your program require a workplace practicum placement? ☐ Yes ☐ No
(If 'Yes,' please complete the following information regarding your practicum)

Name of the Organization where the Practicum will be completed: ______________________________

Job Title: ______________

Is this a paid practicum? ☐ Yes ☐ No

Start Date *(dd/mm/yy)*: ______________

End Date *(dd/mm/yy)*: ______________

Has your education ever been sponsored by Kakivak Association before? ☐ Yes ☐ No

If yes, please state the name, location and duration of the program:

Program Name: ______________________________

Post-secondary school name: ______________________________

Location: ______________________________

Start Date *(dd/mm/yy)*: ______________

End Date *(dd/mm/yy)*: ______________

Kakivak Association | 109-924 Mivvik Street, Iqaluit, NU, X0A 3H0 | kakivak.ca | students@kakivak.ca
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Facebook facebook.com/Kakivak | **Twitter** Twitter.com/Kakivak | **Instagram** @Kakivak_Association
ᐅᖄᓚᐅᑖ Phone 867-979-0911 | **ᓱᒃᑲᔪᒃ Fax** 867-979-3707 | **ᐊᑭᖃᙱᑦᑐᒃᑯᑦ ᐅᖄᓚᐅᑖ Toll free** 1-800-561-0911

FINANCIAL SUPPORT AND EMPLOYMENT INFORMATION

To qualify for Kakivak funding, applicants must first seek financial support from alternative sources. Have you applied to one of funding sources listed for this academic year?

- ☐ FANS
- ☐ ALTS
- ☐ NWTSFA
- ☐ Other

Please indicate your current employment and/or financial support status below. Check all that apply:

- ☐ Employed
- ☐ Unemployed
- ☐ Self-Employed
- ☐ Student
- ☐ Employment Insurance (EI) Recipient
- ☐ Income Support Recipient
- ☐ Other, please specify:

If you are currently employed or have been employed in the last 6 months, please provide the following information:

Name of current or last employer: ____________________

Select employment type: ☐ Full-Time ☐ Part-Time ☐ Casual ☐ Term ☐ Temporary

Job Title: ____________________ Start Date *(dd/mm/yy)*: __________ End Date *(dd/mm/yy)*: __________

Will you remain employed while attending school? ○ Yes ○ No

If you remain employed, are you on unpaid leave? ☐ Yes ○ No

What are some of the barriers to employment you've experienced?

Please check all that apply:

- ☐ Lack of Labour Force Attachment
- ☐ Lack of Work Experience
- ☐ Lack of Transportation
- ☐ Remoteness
- ☐ Language
- ☐ Education
- ☐ Economic
- ☐ Dependent Care
- ☐ Lack of Marketable Skills
- ☐ Physical, Emotional, or Mental Health
- ☐ Other barrier not listed above. Please specify:

BANK INFORMATION

You need to have a bank account for direct deposit, if you don't have one, please apply for one as soon as possible.

If your application is approved for funding, you'll need to provide a void cheque to avoid delays in receiving your first payment.

If you're waiting on your banking institution to provide a void check, please fill out the banking details:

Name of Bank: ______________________ Transit Number: ______________ Account Number: ______________

DECLARATION & AUTHORIZATION TO RELEASE INFORMATION

Please read the following and sign where indicated:

1. I declare that the information given above is true, correct, completed and understand that it may be subject to verification.
2. I understand that Kakivak Association will share the above information with the Government of Canada and that I consent to the disclosure of this information to the Government of Canada.
3. I have been advised that the Kakivak Association voluntarily adheres to the guiding principles established under PIPEDA and maintains the privacy and protection of personal data as outlined in section 13 of the Illiniarniq Advanced Education Policy Manual.
4. I hereby authorize Service Canada for Indigenous Skills and Employment Training Agreement to release information about the status and benefit rate of my Employment Insurance claim to Kakivak Association to determine my eligibility for the program and/or for alternative income support.
5. I hereby authorize Kakivak Association to release and/or request for information about the status, sponsorship information and costs to Nunavut Government Income Support, Department of Education and Financial Assistance for Nunavut Students, specifically for the FANS and ALTS assistance programs, to determine my eligibility for the program and/or for alternative income support.
6. I authorize Kakivak Association at any time to request for information regarding my academic progress including education costs and transcripts from the educational institution that I will be attending.
7. I agree to the use of my name, pictures, data and other relevant information by Kakivak Association in documentary, newsletters, marketing, and statistics relevant to the programs, and Kakivak Association having exclusive rights to the use of the picture, video, statistics and other relevant marketing information at any time and for use by Kakivak Association. I will have no future claim to the information, data, or pictures. In other words, Kakivak Association may use photos and other relevant marketing information gained during the program in Kakivak Association related business and reports.
8. I am aware and agree that Kakivak Association may contact Nunavut Tunngavik Incorporated to verify information related to my enrollment under the Nunavut Agreement.
9. The Kakivak Association will retain the personal information of any application for no longer than 10 years after their last year of funding or if its destruction is requested in writing by the applicant after their funding has concluded.

TERMS AND CONDITIONS

1. By signing this application, the Applicant acknowledges that this form is an application for funding only and does not create a binding agreement. Any approved funding will be governed by a Student Sponsorship Agreement and the Illinniarniq Advanced Education Policy and Operations Manual, including sections 4.6.2 (Student Sponsorship Agreements) and 8 (Student Responsibilities), as amended from time to time.
2. Any funding decision made in relation to this application is governed by and subject to the Illinniarniq Advanced Education Policy and Operations Manual, and compliance with applicable requirements is required throughout the period covered by any Student Sponsorship Agreement.
3. If funding is approved, Kakivak Association may impose financial and/or non-financial conditions if and when funding is approved and provided, and compliance with such conditions is required for the duration specified in the Student Sponsorship Agreement, generally corresponding to the approved period of study.
4. Payment of any financial assistance is subject to the availability of funds provided to Kakivak Association and may be canceled or reduced if such funding is canceled, reduced, or not renewed.
5. Approved recipients must maintain satisfactory academic progress, report any change in academic status or enrollment, and submit grades, transcripts, or other documentation as required under the Student Sponsorship Agreement and the Illinniarniq Advanced Education Policy and Operations Manual.
6. Student Sponsorship Agreements may be amended in accordance with the Illinniarniq Advanced Education Policy and Operations Manual.
7. An Applicant may be asked to repay financial assistance received to which they were not entitled, and any repayment or forgiveness of funding will be governed by the Illinniarniq Advanced Education Policy and Operations Manual.
8. The Applicant certifies that all information provided is true and accurate and understands that the information may be verified

Applicant Signature: ______________________ Date *(dd/mm/yy)*: ______________________

Submit your application to Kakivak Association by email, students@kakivak.ca or by fax, 867-979-3707

By signing this application form, you have read and understood the DECLARATION & AUTHORIZATION TO RELEASE INFORMATION and TERMS AND CONDITIONS written on this form.