



Work Force  
Qalipu

## Skills Parachute Funding Application Short Term Courses Funding Application

<p><b>Skills Parachute:</b> <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• Maximum of 5 days per program</li> <li>• Maximum cost of \$1,000</li> </ul>	<p><b>Short Term Courses:</b> <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• Minimum of 6 days in duration</li> <li>• Maximum of 12 weeks</li> <li>• Maximum cost of \$5,000</li> </ul>
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**All Fields Are Mandatory**

**PLEASE PRINT CLEARLY**

### PERSONAL INFORMATION

Name: \_\_\_\_\_

SIN#: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

\_\_\_\_\_

Fax #: \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_

Gender: Male  Female

Date of Birth: \_\_\_\_\_

Marital Status: Single  Married  Other

No. of Dependents under 16: \_\_\_\_\_

Preferred Language: English  French  Other  \_\_\_\_\_

Highest Level of Education Attained:

Grade Level completed: \_\_\_\_\_

Year: \_\_\_\_\_

Post-Secondary completed: \_\_\_\_\_

Year: \_\_\_\_\_

Qalipu Mi'kmaq First Nation Band Registration #: \_\_\_\_\_

If you're not a member of the Qalipu Mi'kmaq First Nation Band, please indicate the Band or Organization in which you are a member: \_\_\_\_\_

Do you have a disability? Yes  No

If "yes", please specify: \_\_\_\_\_

Are you currently employed:

Yes  No

If "yes", please specify the number of hours per week: \_\_\_\_\_

Are you currently on EI:

Yes  No

Are you currently in school taking another course:

Yes  No

If yes, are you being funded for this course:

Yes  No

### COURSE INFORMATION FUNDING REQUEST

Name of Training Institution: \_\_\_\_\_

Location of Training Institution: \_\_\_\_\_

Course Name: \_\_\_\_\_

Duration of Program: \_\_\_\_\_

Cost Per Course: \_\_\_\_\_

Book Cost per Course: \_\_\_\_\_

Program Start Date:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

Program End Date:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

#### **YOUR APPLICATION WILL NOT BE CONSIDERED COMPLETE IF THE FOLLOWING ARE NOT ATTACHED:**

- Proof of membership in the Qalipu Mi'kmaq First Nation Band. Include one of the following; a copy of your Temporary Confirmation of Registration Document or a copy of your Secure Certificate of Indian Status (status card). If you are non-status but self-identifying as an Aboriginal person, please indicate on the application.
- A written summary (not more than 250 words) of why you have chosen this short-term course of study and what your career goals are after completion of the Course of Study.
- A written letter from an employer stating that this new course would be necessary for you to maintain your employment or be a benefit during the hiring process. ***Recertification of expired courses does not apply.***
- A detailed course cost, acceptance letter, start and end date from the institution.
- A copy of your high school transcript or last grade completed.

**PLEASE NOTE:**

- Students wishing to apply for more than one course, please provide on a separate sheet: the name of course, course duration, start and end dates and costs for each course.
- Students who are currently funded under any of the Work Force Qalipu educational programs are not eligible for the Skills Parachute or Short-Term Courses Funding Program due to stacking provisions.
- Once finished, the student must submit a Certificate or letter from the institution confirming completion of course.
- Work Force Qalipu will only contact me through e-mail.

**DECLARATION**

Signing this application allows Work Force Qalipu Offices to obtain information from all ARMS or Employment Services Offices (EAS).

Applications may also be used for public documents such as Minutes, Work Force Qalipu Reports, Board Kits, etc. The Qalipu Mi'kmaq First Nation Band agrees to share this information with Service Canada or Aboriginal Affairs and Northern Development Canada.

I will notify Work Force Qalipu if any of the information in this application changes.

I understand that if I fail to submit a Certificate or letter from the institution confirming completion, I will be required to repay the amount paid to me.

Signature of Applicant:

\_\_\_\_\_

Date of Application:

\_\_\_\_\_

**SUBMIT APPLICATIONS TO:**

Work Force Qalipu  
Attention: Judy Falle, Client Intake Officer  
P.O. Box 460  
St. George's, NL A0N 1Z0

Toll Free: 1-888-251-7614  
Local: 1-709-647-3171

**FAXED OR E-MAILED APPLICATIONS CANNOT BE ACCEPTED**