



Work Force
Qalipu

Post-Secondary Education Student Support Funding Application

ALL FIELDS ARE MANDATORY

PLEASE PRINT CLEARLY

PERSONAL INFORMATION

Name: _____ SIN#: _____

Address: _____ Tel #: _____

_____ E-mail: _____

_____ DOB: _____ / _____ / _____

Month Day Year

Please declare your living arrangements during your period of study:

Single Student Living at Home with Parent/Legal Guardian(s) ☐

Student Living Away from Home ☐

Single Parent (without dependent) ☐

Married Student and Spouse (no dependent) ☐

Gender: Male ☐ Female ☐

Marital Status: Single ☐ Married ☐ Other ☐

No. of Children under Age 16: _____

Age(s) of Dependents: _____

Please indicate your level of education:

Grade Level completed: _____ Year: _____

Post-Secondary completed: _____ Year: _____

Preferred Language: English ☐ French ☐ Other ☐ _____

Qalipu Mi'kmaq First Nation Band Registration #: _____

Do you have a disability? Yes ☐ No ☐

If "yes", please specify: _____

COURSE INFORMATION FUNDING REQUEST

Name of Training Institution: _____

Location of Training Institution: _____

Degree Granting Institution: _____

Course Name: _____

Program Length: _____

*As per the Post-Secondary Education Institution Course Calendar

Program Start Date: _____ / _____ / _____
Month Day Year

Graduation Date: _____ / _____ / _____
Month Day Year

Attendance: Full time ☐ Part time ☐

Level of Education Sought: University/College Entrance Preparation Program ☐
Certificate ☐
Diploma ☐
Bachelors ☐
Masters ☐
Doctorate ☐

Delivery Method for your program: Classroom ☐
Distance Education ☐
Virtual (Internet) ☐
Blended (Classroom and Distance) ☐
Blended (Classroom and Virtual) ☐

If you are completing this program through distance education or blended, please specify how many courses per semester are through distance/virtual: _____ and how many courses are in the classroom: _____.

Is a work term necessary to complete your program? Yes ☐ No ☐

If "yes", how many work terms are required: _____

If "yes", please indicate whether the work terms are: Paid ☐ Unpaid ☐

Tuition Cost per Semester: _____ Book Cost per Semester: _____

FINANCIAL STATUS

Are You Employed? Yes ☐ No ☐

If “yes”, please indicate if you are working Full Time ☐ Part time ☐

If “yes”, please indicate your gross weekly income: \$ _____

If “yes”, please indicate the number of hours you work per week: _____

If “yes”, please indicate whether or not this is summer employment: Yes ☐ No ☐

If “no”, are you in receipt of EI benefits? Yes ☐ No ☐

If “no”, have you been in receipt of EI benefits in the past three years? Yes ☐ No ☐

If “yes”, please indicate your weekly EI rate: \$ _____

Will you be employed while attending school? Yes ☐ No ☐

If “yes”, please indicate if you’ll be working: Full Time ☐ Part time ☐

If “yes”, please indicate your gross weekly income: \$ _____

If “yes”, please indicate the number of hours you work per week: _____

Are you receiving any of the following?

HRLE Income Support Yes ☐ No ☐

PREVIOUS EDUCATION/TRAINING

Have you previously attended a Post- Secondary or Training Institution? Yes ☐ No ☐

If “yes”, please provide the following information:

Degree/Course Title: _____

University/Training Institute: _____

Start & End Date of Program: _____

Did you complete this program? Yes ☐ No ☐

Did you pay for this program on your own? Yes ☐ No ☐

If “no”, were you sponsored by an agency? Yes ☐ No ☐

If “yes”, please state the name of the agency: _____

*Please note that “agency” includes the Federation of Newfoundland Indians (FNI) and Work Force Qalipu.

DECLARATION

Signing this application allows Work Force Qalipu Offices to obtain information from all Aboriginal Resource Management System (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 have reviewed Work Force Qalipu Policy and Procedures Manual and understand my responsibilities should I be accepted for Post-Secondary Education Support.

I will notify Work Force Qalipu if any of the information in this application changes. Please note that failure to do so may result in rejection of Post-Secondary Education Support.

I understand that Work Force Qalipu will contact me through e-mail and it is my responsibility to notify Work Force Qalipu if any of my contact information changes.

I understand that all necessary documentation as referred to on page six (6) must be included with my application in order for my application to be considered complete. I understand that incomplete applications will not be considered.

I declare that I was a resident in Canada for (12) consecutive months prior to the date of this application for Post-Secondary Education support with Qalipu Mi'kmaq First Nation Band.

Note: Certain categories of individuals may also be considered a resident in Canada for the purposes of this application. Contact your Client Intake Officer, Judy Falle if you have any questions concerning residency requirements.

Signature of Applicant: _____

Date of Application: _____

Submit Applications for Post-Secondary Education Support to:

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

Faxed or e-mailed applications will NOT be accepted

Application Deadlines:	Fall Semester	June 30 th
	Winter Semester	October 31 st
	Spring/Intersession/Summer	February 28 th

New applications must be received by the deadline date indicated above. Late applications will not be considered for funding in that semester but may be deferred to the next semester. *Please note: the application must be received in the office before these dates. For example, if June 30th is on a Sunday, the applications are due in the office no later than the end of business on Friday, June 28th.*

Revised January 22, 2015

Revision #2



Work Force
Qalipu

Detailed Program Cost Breakdown

Year	Semester	Semester Start Date	Semester End Date	No of Weeks	Tuition Costs	Book Costs	Work Term Paid or Unpaid
Sample	Fall	September 1, 2011	December 15, 2011	15	\$2,000	\$500	
	Winter	January 3, 2012	April 15, 2012	14	\$2,000		Paid Work Term
	Intersession	April 25, 2012	June 24, 2012	14	\$2,000	\$500	
1	Fall						
	Winter						
	Intersession						
2	Fall						
	Winter						
	Intersession						
3	Fall						
	Winter						
	Intersession						
4	Fall						
	Winter						
	Intersession						
5	Fall						
	Winter						
	Intersession						
This document is <u>required</u> to be considered for Post-Secondary Education Support							

**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 a photocopy of one of the following: Your Valid Temporary Confirmation of Registration Document or your Valid Secure Certificate of Indian Status Card. **Please remember** to check the expiration date on either document as we cannot accept documents that are expired.
- ☐ Proof of your living arrangements if you are not living with your parent(s)/legal guardian(s). Proof can include a photocopy of two (2) utility bills, a photocopy of a rental receipt or your lease agreement.
- ☐ If you have dependents **under the age of 16**, attach a photocopy of each dependents long form birth certificate.
- ☐ An Acceptance or Provisional Acceptance Letter from the Educational Institution. If you provide a Provisional Acceptance Letter from the Educational Institution, you must provide a copy of your final acceptance letter as soon as it is received.
- ☐ A copy of your Grade 12 Transcript or proof of Adult Basic Education. Level 3 students applying to Post-Secondary studies, you must include your Level 2 Transcript **and** your Level 3 Mid-Term marks. Level 3 students must provide their Grade 12 Transcript as soon as it is received.
- ☐ A breakdown of expenses is **mandatory**. You may obtain this from your Educational Institution or from your Educational Institution's website.
- ☐ You **must** also include a breakdown of semesters by date to the end of your Course of Study. You must indicate if any of these semesters are classified as paid or unpaid Work Terms. See page five (5) of the application form.
- ☐ If you are currently enrolled in the Course of Study and are requesting funds to complete that program, you must provide a Transcript from the Educational Institution regarding your present Academic Status. On-line printouts are acceptable if they display the student name.
- ☐ A written summary (not more than 250 words) of why you have chosen this field of study and what your career goals are after completion of the Course of Study.
- ☐ If you are completing courses through distance education or part-time, you need to include a detailed action plan indicating the designation being sought the length of the training and your planned timeline for completion.
- ☐ If you are applying for funding to complete an Adult Basic Education (ABE) program, please include an action plan to sustain future employment with your funding application.
- ☐ You must also register with the Qalipu membership database "Ginu" in order to receive funding. Please visit: www.qalipu.ca/login-options