



**ALL FIELDS ARE MANDATORY**

**PLEASE PRINT CLEARLY**

**PERSONAL INFORMATION**

*Please note that select information on this application is collected for statistical purposes only*

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

(As it appears on SCIS card. If name has been changed, please provide official supporting documentation (i.e., marriage certificate))

Address: \_\_\_\_\_ Tel #: \_\_\_\_\_

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

\_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Gender: Male  Female  Other  \_\_\_\_\_

No. of Children under Age 16: \_\_\_\_\_ Age(s) of Dependents: \_\_\_\_\_

Marital Status: Single  Married  Other  \_\_\_\_\_

- Please provide marriage certificate if married.

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 this the closest public institution to your place of permanent residence? Yes  No

If no, have you applied to other public institutions closer to your place of permanent residence? Yes  No

- Please provide documentation.

Please attach the program cost breakdown for other public institutions closest to your place of permanent residence.

## 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 "no", please indicate why. \_\_\_\_\_

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.

**Please attach all transcripts from all previous programs (completed or not completed)**

## 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 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**

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

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 30<sup>th</sup> is on a Sunday, the applications are due in the office no later than the end of business on Friday, June 28<sup>th</sup>.*



## Detailed Program Cost Breakdown

Year	Semester	Semester Start Date	Semester End Date	No of Weeks	Tuition Costs	Book Costs	Work Term Paid or Unpaid
<b>Sample</b>	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	
<b>1</b>	Fall						
	Winter						
	Intersession						
<b>2</b>	Fall						
	Winter						
	Intersession						
<b>3</b>	Fall						
	Winter						
	Intersession						
<b>4</b>	Fall						
	Winter						
	Intersession						
<b>5</b>	Fall						
	Winter						
	Intersession						

**This document is required to be considered for Post-Secondary Education Support. Please fill in this page, based on the cost breakdown provided by your school, giving the costs of books and tuition for each semester for every year you plan to attend.**

**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. **To obtain a new valid temporary confirmation letter, please call: 1-800-567-9604.**
- 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 from your Educational Institution 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 clearly display the student name, name of institution, and semester.
- 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 ABE program, please include an action plan to sustain future employment with your funding application.
- If you have completed any previous education (completed or not completed), please provide **all transcripts for each program.**
- Refer to local guidelines for additional documentation required when attending foreign and private institutions
- You must also register with the Qalipu membership database "ginu" in order to receive funding. Please visit: [www.qalipu.ca/login-options](http://www.qalipu.ca/login-options)