



## Skills Parachute Funding Application Short Term Courses Funding Application

<b>Skills Parachute:</b> <input type="checkbox"/> <ul style="list-style-type: none"><li>• Maximum of 5 days per program</li><li>• Maximum cost of \$1,500</li></ul>	<b>Short Term Courses:</b> <input type="checkbox"/> <ul style="list-style-type: none"><li>• Minimum of 6 days in duration</li><li>• Maximum of 11 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: \_\_\_\_\_

Are you a member of the Qalipu First Nation Band? Yes  No

If not, are you of Aboriginal Ancestry? Yes  No

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 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 document demonstrating that this new course would be beneficial in helping you find and maintain employment. This documentation could be a letter from an employer, job ad, trade union application, or some other document demonstrating labour market demand.
- A detailed course cost, acceptance letter, start and end date from the institution.
- Proof of all certification pertaining to qualifications of employment must be included with application.

**PLEASE NOTE:**

\* This is a reimbursement program, whereby you cannot begin this course without our prior approval. If you have taken this course on your own, before applying to us, we cannot reimburse you. If you do not attend on the start date specified,

This application will no longer be valid and you would need to reapply again for a later date if you wish to continue.

\* 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 Education and Training 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.

**DECLARATION**

Signing this application allows Education and Training Offices to obtain information from all ARMS or Employment Services Offices (EAS).

Applications may also be used for public documents such as Minutes, Education and Training Reports, Board Kits, etc. The Qalipu First Nation Band agrees to share this information with Service Canada or Indigenous Services Canada.

I will notify Education and Training if any of the information in this application changes.

I understand that Education and Training will contact me through e-mail and it is my responsibility to notify Education and Training if any of my contact information 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:**

Qalipu First Nation  
Education and Training  
Attn: Yvonne MacDonald  
P.O. Box 460  
St. George's, NL A0N 1Z0  
Telephone: (709) 647-3514  
Email: ymacdonald@qalipu.ca  
**E-MAILED APPLICATIONS WILL BE ACCEPTED**