



## INUVIALUIT REGIONAL CORPORATION INUIT POST SECONDARY EDUCATION STRATEGY (IPSES)

### PROGRAM DESCRIPTION

The Inuit Post-Secondary Education Strategy (IPSES) provides funding that is universally accessible to Inuit beneficiaries across Canada. It aims to address some of the social inequities that serve as needless barriers to PSE for many Inuit – travel costs, childcare, family support and the cost of living far away from home and family.

Inuvialuit who are enrolled beneficiaries of the Inuvialuit Final Agreement and who reside in Canada are eligible.

#### Checklist:

- Completed signed application package (incomplete applications will not be accepted).
- Two proofs of identification (i.e., health care card and picture ID).
- Proof of identification for dependents (i.e., health care card).
- You must provide proof of application/approval for SFA funding if you reside in the Northwest Territories and FANS funding if you reside in Nunavut. This is a requirement.
- You must provide proof of application/acceptance for Provincial Student Aid (do not apply for loans if possible). This is a requirement.
- Tuition and student fee amounts for each term you attend school.
- Letter of acceptance into the program you have applied for.
- Transcripts (grade 12 or most current post-secondary education).
- Rental agreement or mortgage documents (to calculate accommodation allowance).

### DEADLINE FOR APPLICATIONS

<b>Fall Semester:</b>	July 15 <sup>th</sup>
<b>Winter Semester:</b>	November 15 <sup>th</sup>
<b>Spring &amp; Summer Semester:</b>	March 15 <sup>th</sup> or one month before program begins

#### Contact

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# INUIT POST SECONDARY EDUCATION STRATEGY STUDENT APPLICATION

Please ensure you have read the instructions before completing. **If not applicable, please complete section with N/A.** Please complete all sections.

## A. Student Information

Name of Applicant:	Social Insurance Number:
Mailing Address:	Birthdate:
Town:	Province/Territory:
Postal Code:	Contact #:
Email Address:	Name of Community Corporation (if applicable):
Beneficiary #:	Student Registration #:

Name of Emergency Contact:	Address of Emergency Contact:
Phone # of Emergency Contact:	Relationship:

**Marital Status:**

Married/Common Law  
  Single  
  Divorced  
  Separated  
  Widowed

If Married or Common Law Please Provide Spouse's Name: \_\_\_\_\_

Please Indicate if Spouse is:  
  Employed  
  Unemployed  
  Other \_\_\_\_\_

## B. Dependent Information

Please list all dependents 18 years and younger

Name	Date of Birth	Relationship	Living with Me Yes/No

### C. Program Information

School:	Location:
Program:	Program Type (only check one) <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Masters <input type="checkbox"/> Other
Dates of Term (detailed dates required: Fall: _____ Winter: _____ Spring: _____ Summer: _____	<input type="checkbox"/> SFA Funding – Northwest Territories <input type="checkbox"/> FANS funding – Nunavut <input type="checkbox"/> Provincial Student Aid <input type="checkbox"/> Employment Insurance <input type="checkbox"/> Other Income _____

Student Type (check one): <input type="checkbox"/> NEW <input type="checkbox"/> CONTINUING <input type="checkbox"/> RETURNING	School Attendance will be (check one): <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time (Form D to be filled out)
Year of Studies currently in (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> MA <input type="checkbox"/> PhD  Length of Program in Years (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Funding Requested for (check all that apply):  <input type="checkbox"/> Fall semester (September+) <input type="checkbox"/> Winter semester (January+) <input type="checkbox"/> Spring/Summer semester (May+)

### D. Estimate of Expenses (For living and school estimation purposes only)

Monthly Living Costs	Amount	One-Time Education Costs	Amount
Rent/mortgage <i>(include lease/mortgage agreement)</i>		Tuition and student fees for term of study. #__ of terms.	
Utilities (heating, power, water)		Mandatory books/supplies	
Local transportation to and from school (gas, public transport)		Return transportation (school/home 2 return trips)	
Food and Cleaning Supplies		Other (Please specify)	
Personal Items		<b>D.2. Total One-Time Education Costs</b>	\$
Childcare		<b>Calculation of Total Expenses:</b>	\$
Wi-Fi Services		*(D.1) Total monthly living costs multiplied by number of months term of study \$ X mons.	
Other <i>(Please Specify):</i>		*(D.2) Total one-time education costs	
<b>D.1. Total Monthly Living Costs:</b>	\$	<b>*D.3. Total Expenses (D.1 plus D.2)</b>	\$

**E. Educational Goals and Progress**

Up to this point in my education, I have completed the following (please list any courses, certificates, diplomas you have completed):

For the academic year 2022-2023, I plan to complete:

Long term academic goals:

Additional comments:

**I confirm that the all the personal information provided is complete and accurate. I accept responsibility for satisfying the academic requirements of the above institution and managing the education funds to the best of my ability.**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

# **INUIT POST SECONDARY EDUCATION STRATEGY (IPSES) STUDENT FUNDING AGREEMENT**

2022-2023 Academic Year

The **INUVIALUIT REGIONAL CORPORATION** through a Contribution Agreement administered with Indigenous Services Canada, is pleased to assist you with your education. Prior to funding, you, the student, must agree to the following:

1. To attend class on a regular basis as continued absence could result in failure and related funding suspension.
2. to complete all sponsored courses and programs
3. to maintain a minimum course load for a full-time student as defined by your post-secondary institution.
4. to maintain a passing grade in each registered course.
5. to submit a transcript of marks for completed courses 30 days after each term has ended.
6. to notify the IRC Education and Training Department in writing of any changes in plans, courses, address, etc.

I, \_\_\_\_\_ (the applicant/student), have read and understand the above and agree to these conditions and requirements. I understand that failure to fulfil these requirements and conditions may result in my funding being suspended.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## **RELEASE OF INFORMATION**

I consent to and authorize the release of any personal information by my employer, banks or other financial institutions, mercantile organizations, aboriginal organizations, educational institutions and by federal, provincial, territorial and municipal government departments and agencies, including the Canada Customs and Revenue Agency to the Inuvialuit Regional Corporation. My personal information will be used to determine my initial and continued eligibility for funding and for the effective and efficient general administration and enforcement of the IRC Inuit Post-Secondary Education Strategy (IPSES).

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date