

# 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:

- please copy all documents into ONE file for application**
- completed signed application package (incomplete applications will not be accepted)
- proof of enrolment from Inuvialuit Regional Corporation
- proof of identification (i.e., health care card)
- proof of identification for dependents (i.e., health care card)
- proof of application to SFA funding – Northwest Territories & FANS funding – Nunavut
- proof application/approval for Provincial Student Aid (do not apply for loans)
- proof of Employment Insurance
- program course summary
- tuition and fee amounts
- acceptance or conditional acceptance to program
- transcripts (grade 12 or most current post-secondary education)
- rental agreement or mortgage documents (accommodation allowance)

### DEADLINE FOR APPLICATIONS

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

### Contact

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Education and Training Division  
Inuvialuit Regional Corporation  
Bag Service #21  
Inuvik, NT X0E 0T0

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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 (required):               |
| Mailing Address:   | Birthdate (required):                             |
| Town:              | Province/Territory (required):                    |
| Phone #:           | Postal Code:                                      |
| Cell #:            | Name of Community Corporation (where applicable): |
| Email:             | Student Registration #:                           |

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

Marital/Living Status:

Single  
  Common-law  
  Single Parent  
  Single & Living with Employed Parent

Married with Employed Spouse  
  Married with Dependent Spouse

## B. Dependent Information

Please list all dependents and their birthdates in the following format – September 14, 1998.

|       |            |
|-------|------------|
| Name: | Birthdate: |
| Name: | Birthdate: |
| Name: | Birthdate: |
| Name: | Birthdate: |
| Name: | Birthdate: |

### C. Program Information

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

|  |  |
|--|--|
| Student Type (check one):<br><input type="checkbox"/> NEW<br><input type="checkbox"/> CONTINUING<br><input type="checkbox"/> RETURNING   | School Attendance will be (check one):<br><input type="checkbox"/> Part Time<br><input type="checkbox"/> Full Time<br>(as defined by your school)  |
| Year of Studies currently in (check one):<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> MA <input type="checkbox"/> PhD<br><br>Length of Program in Years (check one):<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | Funding Requested for (check all that apply):<br><br><input type="checkbox"/> Fall semester (September+)<br><input type="checkbox"/> Winter semester (January+)<br><input type="checkbox"/> 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/residence<br><i>(include lease/mortgage agreement)</i> |        | Tuition and required fees for term of study   |               |
| Utilities (heating, power, water etc.)                               |        | Mandatory books/supplies  |               |
| Local transportation (gas, public transport)                         |        | Return transportation (school/home 2 return trips)  |               |
| Food   |        | <i>Other (Please specify)</i>   |               |
| Personal Items   |        | <b>D.2. Total One-Time Education Costs</b>  | \$            |
|  |        | <b>Calculation of Total Expenses:</b>   | <b>Amount</b> |
| Childcare  |        | *(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 2020-2021, 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

2020-2021 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 C+ grade point average in each registered course.
5. to submit a transcript of marks for completed courses according to the schedule below:
  - a) for the Fall term by January 31st
  - b) for the Winter term by May 31st
  - c) for the Summer term by September 30th
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