



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

Fall Semester:	July 15 th
Winter Semester:	November 15 th
Spring & Summer Semester:	March 15 th or one month before program begins

Contact

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

Telephone: 1 (867) 777-7091
Fax: 1(877) 559-2014
Email: education@inuvialuit.com or mrogers@inuvialuit.com

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: _____	Funding: <input type="checkbox"/> SFA Funding – Northwest Territories <input type="checkbox"/> FANS Funding – Nunavut <input type="checkbox"/> Provincial Student Aid – Yukon & all Provinces <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	Funding Requested for (check all that apply): <input type="checkbox"/> Fall semester <input type="checkbox"/> Winter semester <input type="checkbox"/> Spring semester <input type="checkbox"/> Summer semester
Length of Program in Years (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	

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

Monthly Living Costs	Amount	One-Time Education Costs	Amount
Rent/mortgage		Tuition and student fees for term of study. #__ of terms.	
Utilities (heating, power, water)		Mandatory books/supplies #__ of terms.	
Local transportation to and from school (mileage, bus)		Return transportation (school/home 2 return trips)	
Food and Cleaning Supplies			
Childcare		Total One-time Education Costs	\$
Wi-Fi Services			
Total Monthly Living Costs:	\$	Total Expenses:	\$

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 2023-2024, 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

2023-2024 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

**STUDENT AUTHORIZATION AND DIRECTION
TO THE RELEASE OF PERSONAL INFORMATION**

**TO EDUCATIONAL
INSTITUTION:**

I, _____, authorize, direct and consent the above educational institution to disclose to Inuvialuit Regional Corporation (“IRC”) and its agents any personal information pertaining to me as may be necessary by IRC to determine my initial application and continued eligibility for funding of the Inuvialuit Regional Corporation’s Inuit Post-Secondary Education Strategy (“IPSES”) and for and for the effective and efficient general administration and enforcement of IPSES.

Student Signature

Date