

ISET PSE APPLICATION FOR FUNDING

DOCUMENT CHECKLIST

Please read before beginning application. Submit the following documents with your application. Check each box once you enclose the documents.

Failure to provide a fully completed application and the necessary documents will result in delayed processing of your application.

POST SECONDARY EDUCATION

- Application, **fully completed, signed and dated.**
- Direct deposit authorization form.
- Student Enrollment Form is to be completed each semester.
- Funding Letter (Student Financial Assistance (SFA) or other) if applicable.
- Student Financial letter of denial.
- Official Transcripts (to be submitted each semester – unofficial transcripts will not be accepted).
- Institution Letter (Program/Course acceptance letter).
- Updated Resume.
- Lease/Mortgage documents (if you are applying for housing allowance).
- Health Care and Picture Identification for applicants and Health Care for dependents.
- Copy of Inuvialuit Enrollment Card or Letter from the Deputy Registrar.
- You can apply for Inuvialuit Education Foundation (IEF) funding (bursaries/scholarships) as well.

EDUCATION AND TRAINING DEADLINES

Fall Semester: July 15th Winter Semester: November 15th Spring Semester: March 15th
 Summer Semester: April 15th Short Program/Courses: One month prior to start of training

CONTACT INFORMATION

In Person: 107 Mackenzie Road Fax: (867) 777-4506 Email: education@inuvialuit.com

ISET PSE APPLICATION FOR FUNDING

Personal Information					
SIN#:		Last Name:			
First Name:		Middle Name:			
Phone:		Email:			
Date of Birth:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not specified			
Age Group: <input type="checkbox"/> 15-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51+					
Do you identify as a person with a disability: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Marital Status ▼					
<input type="checkbox"/> Married or Equivalent <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed					
If married or Equivalent, please provide spouses name: _____					
Please indicate if spouse is: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Other _____					
Current Home Address ▼					
Street	PO Box	Apartment No.	Community	Territory/Province	Posta Code
Indigenous Identification					
<input type="checkbox"/> Inuit Enrolment # ► _____					
Community Corporation Membership ▼					
<input type="checkbox"/> Aklavik <input type="checkbox"/> Inuvik <input type="checkbox"/> Paulatuk <input type="checkbox"/> Sachs Harbour <input type="checkbox"/> Tuktoyaktuk <input type="checkbox"/> Ulukhaktok <input type="checkbox"/> Outside ISR					
Languages Spoken: ▼					
<input type="checkbox"/> Indigenous Language Only <input type="checkbox"/> English Only <input type="checkbox"/> French Only <input type="checkbox"/> Indigenous Language and English					
<input type="checkbox"/> Indigenous Language and French <input type="checkbox"/> English and French <input type="checkbox"/> Indigenous Language, English and French <input type="checkbox"/> None of the Above					
Valid Driver's License: ► <input type="checkbox"/> YES <input type="checkbox"/> NO					
If yes ►	Territory/Province	Expiry Date	Class		

Dependent Information (only one parent may claim dependent(s) 18 years and under)			
Name (first and Last)	Date of Birth	Relationship	Living with me Yes/No

Labour Force Status at Intake		
<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Not Ready to Work <input type="checkbox"/> Ready to Work <input type="checkbox"/> Unable to Work		
Are you receiving any of the following: ▼		
<input type="checkbox"/> Income Assistance within last 3-5 years <input type="checkbox"/> Employment Insurance <input type="checkbox"/> EI within the last 3-5 years		
Education		
What is the highest level of education you have achieved: <input type="checkbox"/> No formal education <input type="checkbox"/> Up to Grade 7-8 <input type="checkbox"/> Grade 9-10 <input type="checkbox"/> Grade 11-12 <input type="checkbox"/> Secondary School Diploma or GED <input type="checkbox"/> Some Post-Secondary <input type="checkbox"/> Apprenticeship or trades certificate or diploma <input type="checkbox"/> College, CEGECP or other non-university <input type="checkbox"/> University Certificate or Diploma <input type="checkbox"/> University – Bachelor’s Degree <input type="checkbox"/> University – Master’s Degree <input type="checkbox"/> University - Doctorate		
Certificate or Trade Licenses		
Are you an Apprentice: <input type="checkbox"/> YES <input type="checkbox"/> NO Are you a Journeyman: <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Trade:	Registered/Certified in which province/territory?

Proposed Training Activity (Institution and Program Applied For)	
Institution ▶	Location ▶
Program Course ▶	Accepted ▶ <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING
<input type="checkbox"/> License <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Other _____	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Short Course <input type="checkbox"/> In Class <input type="checkbox"/> On-line <input type="checkbox"/> Blended Class/On-line	
Start Date: _____ End Date: _____	
Number of Days: _____ Number of Weeks: _____ Number of Years: _____ Year ___ of ___	

Budget Plan (for estimation purposes only, must be filled out)

Item	Cost
Course Costs (tuition/student fees) ▶	
Books & Materials ▶	
Travel ▶	
Rent (including utilities) ▶	
Groceries/Cleaning ▶	
Dependent Care ▶	
Ground Transportation ▶	
WIFI ▶	
Total Estimated Cost ▶	

Employment Goal

What is your long-term career plan?

Career Decision Making

What steps are you taking to reach your career goal?

1. _____
2. _____
3. _____

If approved for training, will the training lead directly to employment and with which employer?

Job Search/Employment Maintenance

Are you able to:

- | | | |
|--|------------------------------|-----------------------------|
| Prepare your own cover letter | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Prepare your own resume | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Prepare for an interview | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you require assistance with these activities | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Barriers

What are the barriers that prevent you from obtaining/maintaining your employment goal?

- | | | | | |
|--|---|--|---|--|
| <input type="checkbox"/> Lack of transportation | <input type="checkbox"/> Lack of driver's license | <input type="checkbox"/> Criminal record | <input type="checkbox"/> Lack of education/skills | <input type="checkbox"/> Lack of childcare |
| <input type="checkbox"/> Lack of housing | <input type="checkbox"/> Addictions | <input type="checkbox"/> Work ethic/attitude | <input type="checkbox"/> Punctuality | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Lack of work experience | <input type="checkbox"/> Resume Presentation | <input type="checkbox"/> Lack of personal protective equipment | | |

APPLICANT DECLARATION AND CONSENT

PSE STUDENT FUNDING AGREEMENT

2023-2024 Academic Year

The **INUVIALUIT REGIONAL CORPORATION** through a Contribution Agreement administered with Employment and Social Development 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 full-time students 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 within one month after each semester 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**

Release Information to:	Inuvialuit Regional Corporation Education and Training Department
Program:	
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