



Inuvialuit Regional Corporation  
Human Resource Department

Date Received: \_\_\_\_\_  
(internal use only)

Revised: Jan 2015

**Inuvialuit Education Foundation (IEF) Student Funding Application**

Important: The application form must be completed/submitted (pages 1-4) prior to the deadline; other documents can follow at a later time.

Application Deadlines	Semester
July 15	Fall (September)
November 15	Winter (January)
March 15	April (Spring/Summer)

**PERSONAL INFORMATION:**

Name:	Previous Last Name:	Male / Female
SIN #:	Date of Birth:	Beneficiary #:

**PERMANENT ADDRESS:**

Home address: Box #		
Community:	Territory/Province:	Postal Code:
Phone (h):	Phone (c):	Email:

**SCHOOL ADDRESS - where you will be living while attending school (provide when known):**

Home address: Box #		
Community:	Territory/Province:	Postal Code:
Phone (h):	Phone (c):	

**INSTITUTION AND PROGRAM APPLIED FOR:**

Institution:		
Program:		
Location:	<input type="checkbox"/> Accepted	<input type="checkbox"/> Confirmation Pending
<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Other _____		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Distance Education		
Start Date (y/m/d):	End Date (y/m/d):	Program Year ___ of a ___ Year

**EDUCATION HISTORY:**

Year Completed	Institution	Program	Certificate/Diploma/Degree

**PRIMARY FUNDING SOURCE: (State what source has been secured or is in progress)**

Territorial/Provincial Education Fund (SFA)	
Employment Insurance (EI)	
Other	

**BANKING INFORMATION (all funding will be deposited directly into a CIBC account – no exceptions):**

Bank: CIBC	Transit Number:
Bank Address:	Account Number:

**IEF FUNDING**

*Please check all boxes for which this application is to be considered*

**Post-Secondary Financial Assistance Program (PSFAP)**

**IEF Scholarships**

**CONSENT CLAUSE, DECLARATION AND RELEASE OF INFORMATION**

(To be read and signed by student)

1. 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 Employment and Training Programs.

2. In addition, I consent to and authorize the release of any personal information by the Inuvialuit Regional Corporation to any federal, provincial, territorial and municipal government departments and agencies for the purpose of the effective planning, development, delivery and monitoring of the IRC Employment and Training Programs.
3. I understand that “personal information” means and includes:
  - my name, home or business addresses or home and business telephone numbers,
  - my national or ethnic origin;
  - my age, sex, marital status or family status, and date of birth,
  - my financial status and history;
  - any identifying numbers, symbol or other particular assigned to me such as my social insurance number, health care card number, or personal identification number;
  - information about my income tax returns and other taxpayer information as supplied to or from Canada Customs and Revenue Agency only; and
  - information about my educational or employment status and history.
4. Further I consent to and authorize the release of the personal information noted in clause (5) below, by the Inuvialuit Regional Corporation to banks or other financial institutions, mercantile organizations, aboriginal organizations and education institutions. 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 Employment and Training Programs.
5. I understand that the personal information that may be released to banks or other financial institutions, mercantile organizations, aboriginal organizations, and educational institutions are:
  - my name, home or business addresses or home and business telephone numbers;
  - my national or ethnic origin;
  - my age, sex, marital status or family status, date of birth; and
  - my financial status and history.

I agree to provide consent to the release of my personal information as may be required from time to time by the Inuvialuit Regional Corporation to promote my name and field of education to prospective employers.

## **DECLARATION**

I declare that the information submitted in this form and appendices are correct to the best of my knowledge.

I agree to:

- immediately notify the IEF in writing if I change my status as a full time student in an approved program, my study period, the status of my dependents or financial status, any changes to my address(es), phone numbers and CIBC bank account;
- participate in regular IEF monitors which may include program attendance verification;
- provide information or documents requested by IEF to verify any statement made in this application; and
- to follow the terms and conditions of related funding documents that will follow, specific to this application.

I understand that:

- All training funds are considered income under the Income Tax Act (Canada). IRC is obligated to report the amount of the Contribution on a T4A, provide the T4A to me, and I am required to include the amount of the Contribution when computing my income for the fiscal year;
- I may have to repay my financial assistance now or in the future to the Inuvialuit Education Foundation if there are changes to my financial , dependents or my status as a full-time student in an approved program.

I may be denied financial assistance now and in the future, if:

- I make false or misleading statement(s) in this application;
- I do not comply with a request from the IEF to provide information or documents so that information in this application may be verified;
- I do not comply with a request from the IEF to participate in regular IEF monitors which may include program attendance verification;
- I experience a change in my primary income source; and
- I have an outstanding debt to the Inuvialuit Regional Corporation or its affiliates or to other funding agencies.

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

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Print name of student

\_\_\_\_\_  
Date

**Inuvialuit Education Foundation (IEF)**

Bag Services # 21  
Inuvik, NT X0E 0T0  
1-855-777-7011 toll free  
(867) 777-7095 phone  
(867) 777-4506 fax

[careercentre@inuvialuit.com](mailto:careercentre@inuvialuit.com)