

## INDIGENOUS SKILLS AND EMPLOYMENT TRAINING PROGRAM APPLICATION FOR FUNDING

### YOUR 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.*
- Confirmation of Beneficiary Registration/Enrolment*
- Updated Current Resume*
- Institution's Letter of Acceptance*
- Class Schedule*
- Tuition/Fee, Book amounts for each Term/Semester*
- Proof of Application/Approval/Denial from Student Aid Funding*
- Official Transcripts (to be submitted each semester – unofficial transcripts will not be accepted)*
- Banking Direct deposit authorization form*
- Health Care and Picture Identification for Applicant and Health Care for dependents*
- Lease/Rental/Mortgage Agreement (to qualify for housing allowance)*
- You can apply for Inuvialuit Education Foundation (IEF) funding (bursaries/scholarships) as well.

#### EDUCATION AND TRAINING DEADLINES

Fall Semester: July 15<sup>th</sup>      Winter Semester: November 15<sup>th</sup>      Spring Semester: March 15<sup>th</sup>  
Summer Semester: April 15<sup>th</sup>

#### CONTACT INFORMATION

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

## ISET PSE APPLICATION FOR FUNDING

Personal Information	
SIN#:	Last Name:
First Name:	Middle Name:
Phone:	Email:
Date of Birth: Day/      Month/      Year/	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not specified
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	Postal Code
Next of Kin ▼					
Name	Relationship	Contact #			

Indigenous Identification			
<input type="checkbox"/> Inuit      IRC 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

### Employment Status at Time of Application

Employed     Unemployed     Student     Not Ready to Work     Ready to Work     Unable to Work

### Are you receiving any of the following: ▼

Income Assistance within last 3-5 years     Employment Insurance     EI within the last 3-5 years

### Education

#### What is the highest level of education you have achieved:

No formal education     Up to Grade 7-8     Grade 9-10     Grade 11-12  
 Secondary School Diploma or GED     Some Post-Secondary     Apprenticeship or trades certificate or diploma  
 College, CEGECP or other non-university     University Certificate or Diploma  
 University – Bachelor’s degree     University – Master’s Degree     University - Doctorate

### Certificate or Trade Licenses

Are you an Apprentice:     YES     NO

Are you a Journeyman:     YES     NO

Name of Trade:

Registered/Certified in which province/territory?

### Program Information

Institution ▶

Location ▶

Program ▶

Accepted ▶     YES     NO     PENDING

License     Certificate     Diploma     Degree     Masters     Doctorate     Other \_\_\_\_\_

Full-time     Part-time     Short Course     In Class     On-line     Blended Class/On-line

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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 ▶	
<b>Total Estimated Cost ▶</b>	

## Employment Goal

What is your long-term Employment Goal (What do you want to do)?

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## Career Decision Making

What steps are you taking to reach your career goal?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## 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

2024-2025 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

<b>Release Information to:</b>	Inuvialuit Regional Corporation Education, Training and Capacity Department
<b>Program:</b>	
<b>Institution:</b>	

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