



Inuvialuit Post-Secondary Education (PSE) Application for Funding

FUNDING DESCRIPTION						
ISET (Indigenous Skills & Employment Training) <input type="checkbox"/> Students Living in the NWT	IPSES (Inuit Post-Secondary Education Strategy) <input type="checkbox"/> Students Living Outside the NWT					
Deadline for Applications						
Semester	Fall	Winter	Spring	Summer		
Deadline	July 15	November 15	March 15	April 15		
DOCUMENTATION CHECKLIST						
<p>Please use the checklist below to ensure that you provide all the required documentation to avoid processing delays.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Completed PSE application for funding <input type="checkbox"/> Confirmation of Registration/Enrolment <input type="checkbox"/> Current Resume <input type="checkbox"/> Letter of acceptance from the post-secondary school you are attending <input type="checkbox"/> Class schedule of program you applied to <input type="checkbox"/> Breakdown of tuition, fees, books & supplies for academic year <input type="checkbox"/> Letter of approval/denial from other funding sources <input type="checkbox"/> Most recent transcripts <input type="checkbox"/> Direct deposit form or VOID cheque <input type="checkbox"/> Copy of your health care card and Government issued ID <input type="checkbox"/> Copy of dependent's birth certificate and/or health care card <input type="checkbox"/> Current Lease/Rental/Mortgage Agreement <p>If you have any questions or require assistance completing your application, please contact:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding-bottom: 10px;"> Kathleen Nogasak ISET PSE Coordinator 867-777-7059 knogasak@inuvialuit.com </td> <td style="width: 50%; vertical-align: top; padding-bottom: 10px;"> Jonean Firth IPSES PSE Coordinator 867-777-7014 jfirth@inuvialuit.com </td> </tr> </table>					Kathleen Nogasak ISET PSE Coordinator 867-777-7059 knogasak@inuvialuit.com	Jonean Firth IPSES PSE Coordinator 867-777-7014 jfirth@inuvialuit.com
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PERSONAL INFORMATION

Last Name:		First Name:	
Telephone:	Email Address:	Social Insurance Number:	
Mailing Address:	Community:	Territory/Province:	Postal Code:
Gender:	Date of Birth:	Do you consider yourself to have a disability:	
IRC Beneficiary Number:	Which Community Corporation are you registered with:		

Marital Status

Single Married or Equivalent Divorced Separated Widowed

If Married or Equivalent, please provide Spouse's information

Full Name:

Employment Status: Employed Unemployed Student Other

Dependent Information (only one parent may claim for dependent children at one time)

Full Name	Date of Birth	Relationship	Living with you (Y/N)

Emergency Contact

Full Name:	Relationship:	Telephone:
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CURRENT EMPLOYMENT STATUS

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

Are you receiving any of the following:

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

EDUCATION

Highest Grade Completed (Kindergarten – Grade 12)	
Post-Secondary Education Completed (Cert., Dip., Deg., MA., PhD., Trades)	

Barriers to Employment

<input type="checkbox"/> Work Experience	<input type="checkbox"/> Skills	<input type="checkbox"/> Education	<input type="checkbox"/> Dependent Care
<input type="checkbox"/> Transportation	<input type="checkbox"/> Housing	<input type="checkbox"/> Labour Force Attachment	<input type="checkbox"/> Physical, Emotional, or Mental Health

PROGRAM INFORMATION

Institution:		Program:	
Location:	Start Date:	End Date:	
Program Credential: <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate			
Program Length (Years): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+		Year of Studies: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> MA <input type="checkbox"/> PhD	
Program Attendance: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time		Program Delivery: <input type="checkbox"/> On-Campus <input type="checkbox"/> Online <input type="checkbox"/> Blended	
Funding Requested: <input type="checkbox"/> Fall (September) <input type="checkbox"/> Winter (January) <input type="checkbox"/> Spring (May-June) <input type="checkbox"/> Summer (July-August)			
Have you been accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Confirmation Pending			

BUDGET ESTIMATE

Description	Amount
Tuition & Fees	
Textbooks & Supplies	
Travel	
Rent (including Utilities)	
Food/Personal Care	
Dependent Care	
Transportation While Attending School	
Total Estimated Cost	

CAREER GOALS

What are your long-term career goals and what steps are you taking to reach those goals?

Barriers to Employment

<input type="checkbox"/> Labour Force Attachment	<input type="checkbox"/> Work Experience	<input type="checkbox"/> Skills
<input type="checkbox"/> Education	<input type="checkbox"/> Dependent Care	<input type="checkbox"/> Transportation
<input type="checkbox"/> Housing	<input type="checkbox"/> Physical, Emotional, or Mental Health	<input type="checkbox"/> Remoteness

APPLICANT DECLARATION AND CONSENT

PSE STUDENT FUNDING AGREEMENT

2026-2027 Academic Year

The **INUVIALUIT REGIONAL CORPORATION** through a Contribution Agreement administered with Employment and Social Development Canada (ESDC) 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, Training and Capacity Division in writing of any changes in plans, courses, address, etc.

I 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 CONSENT TO RELEASE OF INFORMATION

I consent to and authorize the Inuvialuit Regional Corporation (“IRC”) Education, Training, and Capacity Division to request any personal information regarding my academic progress from the educational institution that I will be attending to determine my initial and continued eligibility for funding and for the effective and efficient general administration and enforcement of the IRC Post-Secondary Education Program.

Applicant Signature

Date

For Office Use Only	
Case Manager: _____	Client ID#: _____