



# KIA STUDENT FUNDING CONTINUATION FORM

For students who are CURRENTLY being sponsored by KIA Student Funding Program and applying for CONTINUATION OF SPONSORSHIP IN THE SAME PROGRAM for the next academic year. Applications are accepted at any time.

Last Name (as shown on your legal ID)	First Name
Preferred Name(s)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other Gender
Date of Birth (MM/DD/YYYY)	Social Insurance Number
NTI NUMBER and Community student is registered with under the Nunavut Agreement. NTI # _____ <input type="checkbox"/> Cambridge Bay (5210) <input type="checkbox"/> Kugluktuk (5211) <input type="checkbox"/> Gjoa Haven (5212) <input type="checkbox"/> Kugaaruk (5213) <input type="checkbox"/> Taloyoak (5214)	
Marital Status <input type="checkbox"/> Single, no children <input type="checkbox"/> Single, with children	<input type="checkbox"/> Married / common-law* with working spouse <input type="checkbox"/> Married / common-law* with non-working spouse <input type="checkbox"/> Married / common-law* with student spouse <i>* Living together for 12 continuous months.</i>
Spouse Last Name	Spouse First Name

## PERMANENT MAILING ADDRESS (your T4A for income tax will be sent to this address)

PO Box Number and Street Address	Town/City
Territory / Province	Postal Code
Email Address (print clearly please)	Phone Number

## CONTACT INFORMATION WHILE AT SCHOOL (if different than above)

PO Box Number and Street Address	Town/City
Territory / Province	Postal Code
Email Address (print clearly please)	Phone Number

### ALL NUNAVUT/NWT RESIDENTS MUST APPLY FOR CO-FUNDING FROM THE GN/GNWT IN ADDITION TO IPSE FUNDING.

**Deadlines:** Fall Semester: SFA June 30; FANS/ALTS July 15. Winter Semester: SFA October 31, FANS/ALTS November 15.  
 Spring/Summer Semester: SFA 30 days prior; FANS/ALTS March 1.

Have you applied for FANS, SFA, ALTS or any provincial student aid?  YES  NO  IN PROGRESS  
 Please attach your approval/denial letter from FANS/SFA/ALTS/provincial student aid to this application form.

Will you be receiving salary or financial assistance from any other agency or organization while attending school?  YES  NO  
 If YES, from whom? \_\_\_\_\_ (do not include scholarships).

Will you be receiving Employment Insurance?  YES  NO If YES, what year/month did your benefits start? \_\_\_\_\_

Will you be receiving any benefits from a First Nations Band?  YES  NO



I declare that the dependents listed below meet the following conditions: I have legal custody or guardianship of these dependent(s) who are under 18 years of age and are financially dependent upon me, and are living with me at least 50% of the time in each semester I am receiving assistance. See IPSEP policy for more information about dependents.

**\*\*\*Foster Child(ren) are not eligible\*\*\***

Last Name	First Name	Date of Birth MM/DD/YY	Relationship to you (son/daughter)	Living with you while at school (Y/N)

**PROGRAM INFORMATION**

<b>Name and Address of School/Institution</b>		<b>Dates of Study / Academic Year</b>	
		Start Date: _____ (MM/DD/YY)	
		End Date: _____ (MM/DD/YY)	
<b>Program of Study</b>		<input type="checkbox"/> Full-time Student (≥ 60% course load) <input type="checkbox"/> Part-time Student (< 60% course load)	
If your program of study has changed, you need to fill out the fill IPSE application form.			
How long is your program (in years)? _____		What year of your program are you in? _____	
When you complete your program, you will receive a:			
<input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate Degree <input type="checkbox"/> Apprenticeship Level _____ <input type="checkbox"/> Red Seal in _____			
Which semesters are you registering:			
<input type="checkbox"/> Spring/Summer Semester (May) <input type="checkbox"/> Other (provide program dates below)			
<input type="checkbox"/> Fall Semester (Sept)            Start date: _____			
<input type="checkbox"/> Winter Semester (Jan)            End date: _____			
Banking Information:			
<input type="checkbox"/> My banking information has not changed. <input type="checkbox"/> My banking information has changed. NEW VOID CHEQUE ATTACHED TO THIS APPLICATION.			

**REQUESTED SUPPORTS - PSE Coordinator can provide assistance if required.**

Description	Estimated Costs
<b>Tuition and Fees</b> - Provide proof of tuition and fees from your college/university per semester. You can get this from their web page and/or a letter from the college/university. Actuals are required.	
<b>Textbooks and Supplies</b> - As required by the institution (attach book/supplies list).	

<p><b>Relocation to School</b></p> <ul style="list-style-type: none"> <li>- Indicate how many people are travelling.</li> <li>- Include costs for round trip airfare for yourself and your dependents. If single with no dependents, you are eligible for a trip home at Christmas break.</li> <li>- If ground travel is required from airport to location of institution, please indicate distance (kilometers).</li> </ul>	<p>My estimated travel costs are:</p>
<p><b>Living Allowance Rates</b></p> <ul style="list-style-type: none"> <li>- Single student: \$2708.34/month</li> <li>- 1 dependent: \$3358.34/month</li> <li>- 2 dependents: \$3954.16/month</li> <li>- 3 or more dependents: \$4495.84/month</li> </ul>	<p>My rate is:</p>
<p><b>Child Care Subsidy</b></p> <ul style="list-style-type: none"> <li>- Maximum subsidy is \$40/day per eligible child.</li> <li>- Are you using a private sitter or a licensed daycare?</li> </ul>	<p>Full-time childcare is required for the following months: _____</p> <p>Name of childcare provider:</p>

**DECLARATION & AUTHORIZATION TO RELEASE INFORMATION**

I have read and understand the *DECLARATION & AUTHORIZATION TO RELEASE INFORMATION* and hereby consent:

1. I understand that meeting the eligibility requirements does not guarantee funding. The actual amount of money received will be based on IPSEP funds available when the application is reviewed.
2. I agree to repay the amount of any financial assistance to which I am not entitled such as, but not limited to: any payments made to me in error; and/or any payments made for costs in excess of the amount actually incurred; and/or any payments that were used for costs that were not eligible for reimbursement under the contribution agreement.
3. I declare that the information given above is true, correct, completed and understand that it may be subject to verification. I understand that it is an offence to make false statements.
4. I understand that the Kitikmeot Inuit Association will share the above information with the Government of Canada (GOC), and that I consent to the disclosure of this information to GOC.
5. I have been advised by Kitikmeot Inuit Association that the information that I provided is protected under Canada's Privacy Act and that I have a right under the Privacy Act to obtain access to that information from GOC.
6. I hereby authorize Service Canada to release information about the status and benefit rate of my Employment Insurance claim to Kitikmeot Inuit Association to determine my eligibility for the program and/or for alternative income support.
7. I hereby authorize Kitikmeot Inuit Association to release and/or request information as required from Nunavut Government Department of Family Services, Department of Education, Financial Assistance for Nunavut Students (FANS), NWT Student Financial Assistance (SFA), my childcare provider, and my landlord to determine my eligibility for the program and for verification purposes throughout the duration of the program.
8. I authorize Kitikmeot Inuit Association at any time to request information regarding my academic progress including enrollment confirmation, education costs, and transcripts from the educational institution that I will be attending.
9. I agree to the use of my name, pictures, data and other relevant information by Kitikmeot Inuit Association in documentary, newsletters, and statistics relevant to the training programs, and Kitikmeot Inuit Association having exclusive rights to use the picture, video, statistics and relevant information at any time and for future use by the Kitikmeot Inuit Association. I will have no future claim to the information, data, or pictures. In other words, KIA may use photos and other information gained during the program in KIA related business and reports.
10. This authorization will remain in effect UNLESS I give written instruction to cancel the authorization.

\_\_\_\_\_  
PRINT Applicant Name

\_\_\_\_\_  
Signature (not initials)

\_\_\_\_\_  
Date