



KIA STUDENT FUNDING APPLICATION FORM

PROGRAM DESCRIPTION AND ELIGIBILITY

Through the Inuit Post-Secondary Education Program (IPSEP) and the Indigenous Skills and Employment Training Program (ISETP) funded by the Government of Canada, the Kitikmeot Inuit Association provides financial assistance to eligible students towards the cost of approved education programs. Kitikmeot Inuit in the following categories are eligible:

- Full or part-time students registered in a certificate, degree, diploma or apprenticeship program at a post-secondary institution. The duration of this program must be at least one academic year.
- Full or part-time students enrolled in a university or college prep program offered at a post-secondary institution. The duration of this program may not be more than one year.
- Academic Upgrading Programs maybe be eligible. Please contact us for more information before you complete the application form.

APPLICATION PROCEDURES

Applications to the Inuit Post-Secondary Education Program must include:

- Completed and signed application form.
- Banking direct deposit form.
- Copy of applicant's identification (one of birth certificate/health care card/driver's license).
- Copy of identification for all dependents claimed (one of birth certificate/health care card).
- Current resume.
- Program outline and approximate fees for post-secondary program applied for (can be printed from institution's website).
- Proof of acceptance or conditional acceptance into a post-secondary program of studies.
- Proof of NU FANS/ALTS, NWT SFA or Provincial Student Aid acceptance/denial for funding.

Applications may be submitted without this letter; however, your application will not be reviewed until this letter is received.

DEADLINE FOR APPLICATIONS

Applications will be accepted at any time; however, processing will take at least 21 days. Please note for Nunavut and NWT residents, proof of FANS/NWT SFA approval or denial must be provided before your application can be reviewed. Students are encouraged to apply early to allow enough time for processing.

CONTACT US / SUBMIT APPLICATIONS

We are here to support you with your post-secondary education goals! Contact the PSE Coordinator for help with your application or to learn more about the program at anocon@kitia.ca, **TOLL FREE 1-833-854-0062** or 867-983-2458 extension 1013. Send completed applications to:

By email or fax	By mail	In person
anocon@kitia.ca 1-867-983-2701 - fax	PSE Coordinator Kitikmeot Inuit Association Box 18 Cambridge Bay, NU X0B 0C0	PSE Coordinator 30 Mitik Street Fred R. Elias Centre Cambridge Bay, NU

KIA STUDENT FUNDING APPLICATION CHECKLIST

*** If you are eligible for NU FANS/ALTS, NWT SFA or Provincial Student Aid you must apply to them first. ** This program only offers top-ups for these students.*

Please ensure you have all the following items before submitting your application.

<input type="checkbox"/>	Completed Application Form	Fully filled in attached application form. If you have any questions, or don't have some of the required information please contact the PSE Coordinator for assistance.
<input type="checkbox"/>	Banking Direct Deposit Form	A void cheque or direct deposit form for the bank account where you would like your payments deposited.
<input type="checkbox"/>	Copy of Applicant's Identification	One copy of any government issued ID such as a birth certificate, health care card, driver's license or passport.
<input type="checkbox"/>	Copy of each dependent's identification	For each dependent listed on your application form, please provide one copy of their government issued ID such as a birth certificate or health care card.
<input type="checkbox"/>	Current Resume	If you require assistance creating or updating your resume, please contact the PSE Coordinator.
<input type="checkbox"/>	Program / Course Details	A copy of the program outline for your proposed studies. This can typically be found and printed from your institution's website.
<input type="checkbox"/>	Institution's Acceptance Letter	Documentation showing you have been accepted or conditionally accepted into your proposed program/institution.
<input type="checkbox"/>	NU FANS/ALTS, NWT SFA, or Provincial Student Aid documentation	<p>A letter or other documentation from NU FANS/ALTS, NWT SFA or your Provincial Student Aid that shows your acceptance or denial of funding.</p> <p>You may submit your application before you get this letter; however, your application will not be reviewed until you submit this letter to KIA.</p>

KIA STUDENT FUNDING APPLICATION FORM

CLIENT INFORMATION (as shown on your ID)

Last Name		First Name	
Preferred Last Name (if applicable)		Preferred First Name (if applicable)	
SIN		Gender	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Another Gender
Date of Birth (MM/DD/YY)			
Marital Status	<input type="radio"/> Single <input type="radio"/> Single with dependents <input type="radio"/> Married / common-law* with working spouse <input type="radio"/> Married / common-law* with non-working spouse <input type="radio"/> Married / common-law* with student spouse		
	<i>* Living together as a family for at least 12 months.</i>		
Spouse Full Name			
NTI Number			
	Community student is registered with under the Nunavut Agreement: <input type="radio"/> Cambridge Bay (5210) <input type="radio"/> Kugluktuk (5211) <input type="radio"/> Gjoa Haven (5212) <input type="radio"/> Kugaaruk (5213) <input type="radio"/> Taloyoak (5214)		

PERMANENT MAILING ADDRESS / CONTACT INFORMATION

Mailing Address		Postal Code	
Town/City		Territory/Province	
Email Address		Phone Number	

CONTACT INFORMATION WHILE AT SCHOOL (IF KNOWN)

Mailing Address		Postal Code	
Town/City		Territory/Province	
Email Address		Phone Number	

EMERGENCY CONTACT INFORMATION

Name		Address	
Town/City		Territory/Province	
Phone Number		Relationship to Student	



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 or daughter)	Living with you while at school (Y / N)

PROGRAM INFORMATION

School / Institution		Program Type	<input type="radio"/> Degree <input type="radio"/> Diploma <input type="radio"/> Certificate <input type="radio"/> University/College Prep <input type="radio"/> Apprenticeship
Location			
Program			
School Attendance	<input type="radio"/> Full-Time <input type="radio"/> Part-Time	Method of Instruction	<input type="radio"/> In-person <input type="radio"/> Distance Education
Year of Studies you are in	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	Length of Program in Years	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> Other: _____
Semesters Funding Requested	<input type="radio"/> Fall Semester (September) <input type="radio"/> Winter Semester (January) <input type="radio"/> Spring/Summer Semester (May)	<input type="radio"/> Other (provide program dates below) Start date: _____ End date: _____	

PAST FUNDING

Have you been funded by the Kitikmeot Inuit Association in the past? <i>(not including scholarships)</i>			
<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Yes	Year applicant last received funding	
		Name of program	
		Did you complete the program you were funded for?	<input type="radio"/> Yes <input type="radio"/> No

CURRENT FUNDING

Applied for FANS / ALTS / NWT SFA / Provincial Student Aid	<input type="radio"/> Yes <input type="radio"/> No	Status	<input type="radio"/> Approved <input type="radio"/> Denied <input type="radio"/> In Progress
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Please attach letter/correspondence to support the information above.

Are you applying for or receiving funding from any other organizations (not including scholarships) such as EI, a First Nations Band or Government, or Income Assistance?

Reason for applying for funding:

EDUCATIONAL GOALS AND PROGRESS

Up to this point in my education, I have taken or completed the following (please list any courses, certificates, diplomas or degrees you have taken):

For this academic year, I plan to complete:

Long term academic goals:

REQUESTED SUPPORTS - PSE Coordinator can provide assistance if required.

Description	Estimated Costs
<p>Tuition and Fees</p> <ul style="list-style-type: none"> - Provide proof of tuition and fees from your institution per semester. 	
<p>Required Textbooks and Supplies</p> <ul style="list-style-type: none"> - As required by the institution (attach book/supplies list). 	
<p>Relocation to School</p> <ul style="list-style-type: none"> - Indicate how many people are travelling. - 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. - If ground travel is required from airport to location of institution, please indicate distance (kilometres). 	
<p>Living Allowance Rates</p> <ul style="list-style-type: none"> - Single Student: \$2708.34/month - 1 dependent: \$3358.34/month - 2 dependents: \$3954.16/month. - 3 or more dependents: \$4495.84/month 	
<p>Child Care Subsidy</p> <ul style="list-style-type: none"> - Maximum subsidy is \$40/day per eligible child. - Indicate if using a private sitter or a licensed childcare institution. - Spouses do not qualify for this subsidy. 	

DECLARATION & AUTHORIZATION TO RELEASE INFORMATION:

Please read the following and sign where indicated:

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 for 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.

By signing this application form, I have read and understand the *DECLARATION & AUTHORIZATION TO RELEASE INFORMATION*:

PRINT Applicant Name

Signature

Date