

**Nunatsiavut Government – EDUCATION DIVISION**



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**APPLICATION FOR EDUCATIONAL ASSISTANCE**

**PERSONAL INFORMATION:**

Full Name:		Previous surname:	
Street Address:		Telephone #:	
P.O. Box #:		(H): _____ (W): _____	
Current Town/City:		Cell #:	
Province:		Home Town/City (if different than current):	
Postal Code:	Email address:		
Date of birth:	Gender:	Preferred Pronoun:	
D _____ M _____ Y _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
Social Insurance Number:	Beneficiary Number:		
	N _____		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Common Law # of Yrs. _____ <input type="checkbox"/> Widowed			
Spouse's Name (if applicable): _____			
Has your spouse applied for or is he/she currently being funded by the Nunatsiavut Government? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have any dependants in your care? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please list dependants names & birthdates:			
Full Name:		Birthdate(DD/MM/YYYY):	
# Of People Travelling including yourself (if travel is required): _____			
Next of Kin:		Relationship:	
Do you give permission for our division to speak to this person about your application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you consider yourself to have a disability or a barrier to education? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please indicate:			
<input type="checkbox"/> visual <input type="checkbox"/> hearing <input type="checkbox"/> learning disability <input type="checkbox"/> dependant care <input type="checkbox"/> transportation <input type="checkbox"/> lack of education <input type="checkbox"/> Code of Conduct <input type="checkbox"/> Other _____			

**EMPLOYMENT INFORMATION****CURRENT EMPLOYMENT STATUS:**

Full-time employed  Part-time employed  Self-employed  Casually employed  Unemployed  Student  
 Income Support Recipient  Other Please Specify: \_\_\_\_\_

Current or Previous Employer:

Start date of Employment(DD/MM/YYYY):

Reason for Leaving (if applicable):

**EMPLOYMENT DETAILS WHILE IN TRAINING:**

Full-time employed  Part-time employed  Self-employed  Casually employed  Not employed  
 Other Please Specify: \_\_\_\_\_

**EMPLOYMENT INSURANCE DETAILS:**

If you are unemployed or has previously been laid off from work:

Are you currently receiving EI benefits?  Yes  Or, Will you be applying for EI benefits?  Yes

Have you received EI benefits in the last 5 years?  Yes  No

**PROGRAM INFORMATION/TRAINING DETAILS:**

Program of Studies applying for:

Program Length:

Year of Study:

Program Type:

Adult Basic Education  Transition Program  Trade  Certificate  Diploma  Undergraduate Degree  
 Master's  Ph. D  Certifications (ex: SFA, Fall Protection, MED, etc.)  Short Program (under 3 months long)

If you are applying for a transition/preparatory program (ex: ABE, ABP, CAS/CUTY), please indicate the area of study you are preparing for: \_\_\_\_\_

Institution (1st choice):

Location:

Institution (2nd choice, if applicable):

Location:

Program Status applying for:

Full-time  Part-time  Correspondence/Distance # of courses in Semester: \_\_\_\_\_

Semester:

Fall  Winter  Spring  Intersession  Summer Start date: D\_\_\_\_ M\_\_\_\_ Y\_\_\_\_

Have you applied to the Institution:  Yes  No **AND** Have you been accepted?  Yes  No  Unsure  Conditional

Living arrangements while in training:  own home or with family  renting/boarding  campus residence

**PREVIOUS EDUCATION & TRAINING DETAILS:**

Are you currently attending High School:  Yes  No

Year of Graduation (if applicable):

Education since High School:

Did you complete the program?  Yes  No If yes, date of completion(DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Were you previously funded?  Yes  No

If yes, please indicate:  PSSSP  Inuit Pathways  AES  Other

Do you hold any Safety Certifications?  Yes  No

If yes, please list:

Have they expired?  Yes  No If No, please indicate date of expiry(DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you hold a valid Drivers' License?  Yes  No

Class(s): \_\_\_\_\_ Date(s) Issued(DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

