



Application for Educational Assistance

Note: You can apply for education funding before you are accepted into a program. * : Indicates required information

SECTION A: PERSONAL INFORMATION

*Full Name:		Preferred Name:
*Current Address:		<u>Address during studies:</u>
Street Address: _____		Town/City: _____
P.O. Box: _____		Province: _____
Town/City: _____		<u>Living arrangements:</u>
Province: _____		<input type="checkbox"/> Own home or with family
Postal Code: _____		<input type="checkbox"/> Renting
		<input type="checkbox"/> Campus Residence → Meal Plan? Yes <input type="checkbox"/> No <input type="checkbox"/>
		<input type="checkbox"/> Supportive living
		<input type="checkbox"/> Other (specify): _____
Home Community (if different than current):		* <u>Telephone number:</u>
*Date of Birth: ____/____/____ DD / MM / YYYY		Home: ()
*Email: _____		Cell: ()
*Beneficiary Number: N		Work: ()
*Social Insurance Number: _____		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
		Preferred pronoun: _____
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"/> Physical Disability <input type="checkbox"/> Learning Disability <input type="checkbox"/> Dependent care		
<input type="checkbox"/> Lack of Education <input type="checkbox"/> Lack of access to transportation or housing <input type="checkbox"/> Criminal Record <input type="checkbox"/> Other: _____		

SECTION B: PROGRAM INFORMATION/TRAINING DETAILS

*Program of Studies:		* <u>Program Type:</u>
*Institution (1st choice):		<input type="checkbox"/> Trade
Location:		<input type="checkbox"/> Certificate
Institution (2nd choice):		<input type="checkbox"/> Diploma
Location:		<input type="checkbox"/> Undergraduate Degree
*Program Length:		<input type="checkbox"/> Master's
*Year of Study (ex. year 1 of 2):		<input type="checkbox"/> Ph.D.
*Start Date: D ____ M ____ Y ____		<input type="checkbox"/> Adult Basic Education
*End Date (of school year): M ____ Y ____		<input type="checkbox"/> Transition/Bridging Program
*Delivery Method: <input type="checkbox"/> In-Class <input type="checkbox"/> Online <input type="checkbox"/> Both		<input type="checkbox"/> Flight school
*Applying for: <input type="checkbox"/> Full-time Funding <input type="checkbox"/> Part-time Funding		<input type="checkbox"/> Certifications (ex. Fall Protection, First Aid)
		<input type="checkbox"/> Short Program (under 12 weeks)
*Have you applied to the institution/program? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Other (please specify): _____
*Have you been accepted? <input type="checkbox"/> Yes <input type="checkbox"/> Conditional <input type="checkbox"/> Unsure		<u>Starting Semester (if applicable):</u>
*Attending program: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		<input type="checkbox"/> Fall <input type="checkbox"/> Spring/Intersession
		<input type="checkbox"/> Winter <input type="checkbox"/> Summer
		<input type="checkbox"/> Other (please specify): _____
*Will you be receiving any other funding, scholarships, or bursaries for this program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Applied, awaiting approval		
If yes, please specify what will be covered and any known amounts: _____		



SECTION C: FAMILY INFORMATION

*Marital Status: Single Married Common-Law (# of years: ___) Divorced Widowed

*Spouse's name:

*Spouse's Date of Birth:

*Is your spouse currently receiving or applying for education funding with the Nunatsiavut Government? Yes No

*Do you have any dependents in your care? Yes No If yes, please list below.

*Full Name:

*Date of Birth (DD/MM/YYYY):

*Are any dependents receiving or applying for education funding with the Nunatsiavut Government? Yes No

*Next of Kin:

*Relationship:

*Do you give permission to the Education Division to speak to your Next of Kin about your student file? Yes No

SECTION D: PREVIOUS EDUCATION & TRAINING

*Are you currently attending High School?: Yes No

*Year of High School Graduation: ___/___/___
 DD / MM / YYYY

*Education since High School (if applicable):

*Did you complete the program/training? Yes No

*Date of completion or withdrawal: ___/___/___
 DD / MM / YYYY

*Have you previously received education funding? Yes No

If yes, from what source? _____
 Ex. NG Education Division, PSSSP, LATP, Inuit Pathways, Service Canada

*Do you currently hold any valid Safety Certifications? Yes No If yes, please list them below, along with dates of expiry:

*Do you hold a valid Driver's Licence? Yes No

Driver's License Class(es): _____

Date(s) issued: ___/___/___ ___/___/___
 DD/ MM / YYYY DD/ MM / YYYY

SECTION E: EMPLOYMENT INFORMATION

*Current Employment status: Full-time employed Part-time employed Self-employed Casually employed
 Unemployed Receiving EI Student Income Support Other (please specify): _____

*Current or Previous Employer:

Start date of Employment: ___/___/___
 DD / MM / YYYY

Job title:

End date of Employment: ___/___/___
 DD / MM / YYYY

Reason for leaving (if applicable):

*Employment status during studies: Full-time employed Part-time employed Self-employed Casually employed
 Unemployed Receiving EI Student Income Support Other (please specify): _____

*Are you currently receiving EI benefits? Yes No

*Will you be applying for EI benefits? Yes No *If yes, please notify our office before you apply & leave your current employment*

*Is the program/training you are applying for related to your current or previous employment? Yes No N/A

*Is the program/training you are applying for required to keep your current employment? Yes No N/A



Consent to Release of Information

I, * _____, * _____, _____
 Print Name Social Insurance Number Student ID (if applicable)

understand that any and all personal information collected by the Nunatsiavut Government - Education Division will be used for educational/employment related purposes ONLY.

I hereby grant permission to employees of the Nunatsiavut Government Education Division offices to exchange, receive, and share information pertaining to my student file with the following departments and organizations, as required:

- Nunatsiavut Government Education Division
- All other Nunatsiavut Government departments
- Service Canada as a representative of Employment & Social Development Canada (ESDC)
- Post-Secondary Institutions, including those listed on my funding application
- Department of Immigration, Skills & Labour (formerly AES)
- Department of Children, Seniors & Social Development (CSSD)
- Employment Assistance Offices/Employment Services
- Other funding agencies (ex: LAMP, Inuit Pathways)
- Secondary Institutions
- Student Aid
- Accountability and Resource Management System (ARMS) Database
- Nunatsiavut Government Education Division Database
- Potential Employers/businesses
- Employment Insurance Benefits Information System (EIBIS) (EI Eligibility Status)
- Supportive Living/Shelter Staff

I hereby agree to allow and comply with the follow-up telephone calls &/or emails &/or Facebook messages from the Nunatsiavut Government - Education Division.

I HEREBY WAIVE, RELEASE, DISCHARGE AND AGREE NOT TO SUE the Nunatsiavut Government and its affiliates, successors, heirs, executors, and assigns from any and all claims including, but not limited to, claims for travel expenses, causes of action based on personal injury (including death) and damages to personal property, that I may have in the future against the Nunatsiavut Government and its affiliates, successors, heirs, executors, assigns, officers, employees, representatives and agents, which may result directly or indirectly from travel.

I certify that the information given is true and complete. I understand it will be shared with and may be subject to verification by ESDC. Information given will be entered into the Nunatsiavut Government ARMS & Education Databases.

I agree that I may be contacted by the Nunatsiavut Government - Education Division for any employment & training opportunities.

*Applicant Signature: _____ *Date: _____

For Office Use Only:	Verified By: _____	Date: ____/____/____ DD / MM / YY	Received: ____/____/____ DD / MM / YY
Tuition: <input type="checkbox"/> PSSSP <input type="checkbox"/> ISETP (<input type="checkbox"/> EI Part II <input type="checkbox"/> CRF) <input type="checkbox"/> IPSE	Notes: _____		
Remaining Supports: <input type="checkbox"/> PSSSP <input type="checkbox"/> IPSE <input type="checkbox"/> ISETP			
Was this client assisted with completing a resume? Yes <input type="checkbox"/> No <input type="checkbox"/>	Revised June 2024		