



Gwich'inat Eenjit Gàdatr'igwijiłcheii Gidilii
Gwich'in Tribal Council
Gwich'in Services (Education & Training)



APPLICATION FOR FINANCIAL ASSISTANCE

Date Received – YYYY/MM/DD
EI CRF Active Claim

DOCUMENT CHECKLIST

APPLICATION FOR TRAINING AND EDUCATION ASSISTANCE

Please read before beginning application. Submit the following documents with your application. Check each box once you enclose the items.

Failure to provide a fully completed application form or the necessary documents will result in the return of your application.

FULL TIME POST SECONDARY STUDENTS- NWT SFA FUNDED

- Application for Training and Education Assistance Plan, fully completed, signed and dated. (FORM A)
- Gwich'in Tribal Council Payment Authorization form (FORM B)
- Student Enrollment Form (FORM D) to be completed each semester
- Funding Letter (Student Financial Assistance (SFA) or other) if applicable
- Official Transcripts (to be submitted each semester- unofficial transcripts will not be accepted)
- Institution Letter (Program/Course acceptance letter)
- Updated Resume

Some courses may require as part of the application process:

- Confirmation from an employer offering employment
- Informal phone interview with the Education and Training Staff

FULL TIME POST SECONDARY STUDENTS- NOT FUNDED BY NWT SFA

- Application for Training and Education Assistance Plan, fully completed, signed and dated. (FORM A)
- Gwich'in Tribal Council Payment Authorization form (FORM B)
- Confirmation of Post-Secondary Education Primary Funding Source (FORM C)
- Student Enrollment Form (FORM D) to be completed each semester
- Funding Letter if applicable
- Official Transcripts (to be submitted each semester- unofficial transcripts will not be accepted)
- Institution Letter (Program/Course acceptance letter)
- Updated Resume

Some courses may require as part of the application process:

- Confirmation from an employer offering employment
- Informal phone interview with the Education and Training Staff

SHORT COURSE TRAINING (GWICH'IN SETTLEMENT AREA RESIDENTS ONLY)

- Application for Training and Education Assistance Plan, fully completed, signed and dated. (FORM A)
- Gwich'in Tribal Council Payment Authorization form (FORM B)
- Institution Letter (Program/Course acceptance letter)
- Updated Resume
- Upon Completion:** copies of any certification received

Some courses may require as part of the application process:

- Confirmation from an employer offering employment
- Informal phone interview with the Education and Training Staff

APPLICATION FOR FINANCIAL ASSISTANCE

Personal Information					
Last Name ▶ _____		Phone # ▶ _____			
First Name ▶ _____		Email ▶ _____			
Middle Name ▶ _____		Other Contact #▶ _____			
Date of Birth ▶ _____ YYYY/MM/DD		Gender▶ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undisclosed		Sin # ▶ _____	
Age Group <input type="checkbox"/> 15-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51+					
Do you identify yourself as a person with a disability: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Marital Status ▼					
<input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow					
If Married or Common Law Please Provide Spouse's Name: ▶ _____					
Please indicate if spouse is : <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Other:					
Current Home Address ▼					
Street	P.O. Box	Apt. no.	City	Territories/Province	Postal Code
Indigenous Identifications					
<input type="checkbox"/> Gwich'in Number (4 digits) # ▶ _____		<input type="checkbox"/> Dene Status # ▶ _____		<input type="checkbox"/> Inuit Status # ▶ _____	
				<input type="checkbox"/> Métis Status Status # ▶ _____	
Band Registered to: ▼					
<input type="checkbox"/> Fort McPherson <input type="checkbox"/> Aklavik <input type="checkbox"/> Tsiigehtchic <input type="checkbox"/> Inuvik					
Language Spoken:					
<input type="checkbox"/> Indigenous Language Only <input type="checkbox"/> English Only <input type="checkbox"/> French Only <input type="checkbox"/> Indigenous Languages and English <input type="checkbox"/> Indigenous Languages and French					
<input type="checkbox"/> English and French <input type="checkbox"/> Indigenous Language(s), English and French <input type="checkbox"/> None of the Above					
Valid Driver License: <input type="checkbox"/> YES <input type="checkbox"/> NO					
▶					
If Yes ▶	Territory/Province attained	Expiry Date	Class	Other	
Dependent Information NOTE : Only One Parent May Claim Dependent(s) (Must Be under 18 years of age)					
Name (First and Last)	Date of Birth (YYYY/MM/DD)	Relationship	Living With Me		

Labour Force Category

Employed Student Unemployed

Employment Readiness

Not Ready to Work Ready to Work Unable to Work

Are you receiving any of the following:

Income Assistance Employment Insurance EI within the last 3-5 years EI maternity/parental within last 3-5 years

Education

What is the highest level of education you have achieved?

Less than high school High School (includes GED) Some Post-Secondary Trades Certificate/Diploma
 Diploma (College) University Degree

When did you achieve this level of education? (Month: _____/ Year: _____)

Certificate or Trade Licences

Are you an apprentice: YES NO Name of Trade: Registered/Certified in which province/territory?
 Are you a Journeyperson: YES NO

Safety Tickets	Expiry Date	Safety Tickets	Expiry Date

Proposed Training Activity (Institution and Program Applied For)

Institution ▶ _____ Location ▶ _____

Program/Course ▶ _____ Accepted ▶ YES NO PENDING

Licence Certificate Degree Diploma Other _____

Full Time Part Time Short Course

Start Date: _____ End Date: _____ Number of weeks _____ days _____
YYYY/MM/DD YYYY/MM/DD

Budget Plan NOTE: Do not Leave Blank or funding will not be considered: (To be Completed by Client)

Budget	Cost	Other Funding Amount (SFA, IA, Self)
Course Costs (Tuition) ▶		
Travel ▶		
Books ▶		
Accommodations ▶		
Dependent Care ▶		
Other ▶		
Total Cost: ▶		Total Received: ▶
		Total Outstanding: ▶

Employment Goal

What is your long term career plan?

Career Decision Making

What steps are you taking to reach your career goal?
1. _____
2. _____
3. _____

If approved for training, will the training lead directly to employment and with which employer?

Job Search/Employment Maintenance

Are you able to:
Prepare your own resume [] Yes [] No
Prepare for an interview [] Yes [] No
Prepare your own cover letter [] Yes [] No
Do you require assistance with these activities [] Yes [] No

What are the barriers that prevent you from obtaining/maintaining your employment goal?
[] Lack of transportation [] Lack of drivers licence [] Criminal record [] Lack of education/skills [] Lack of childcare
[] Lack of housing [] Addictions [] Work ethic/attitude [] Punctuality [] Disability
[] Lack of work experience [] Resume Presentation [] Lack of personal protective equipment
[] Other _____ [] Other _____

Skill Enhancement

Please check the box that best describes your literacy & document use skills:
[] Not able to read or write at all
[] Able to read simple, familiar words and documents only
[] Able to comfortably read most words but assistance is needed unfamiliar documents or forms
[] Able to read, write and use documents but academic or technical language outside of my area of work is unfamiliar
[] I feel comfortable using complex documents and reading and writing in academic or technical language

Did someone help you complete this application? [] No [] Yes: Name _____

If you have a documented learning disability or suspect you may have a learning disability please let the Education and Training Staff know so supports can be offered.

APPLICANT DECLARATION AND CONSENT (must be signed and witnessed)

CONSENT CLAUSE, DECLARATION AND RELEASE OF INFORMATION

(To be completed by student)

1. I consent to and authorize the release of any personal information by my employer, banks or other financial institutions, mercantile organizations, indigenous organizations, educational institutions and by federal, provincial, territorial and municipal government departments and agencies, including the Canada Customs and Revenue Agency to the Gwich'in Tribal Council. My personal information will be used to determine my initial and continued eligibility for funding and for the effective and efficient general administration and enforcement of the GTC Employment and Training Programs.
2. In addition, I consent to and authorize the release of any personal information by the Gwich'in Tribal Council to any indigenous organizations and/or federal, provincial, territorial and municipal government departments and agencies for the purpose of the effective planning, development, delivery and monitoring of the GTC Employment and Training Programs.
3. I understand that "personal information" means and includes:
 - a. my name, home or business addresses and telephone numbers,
 - b. my national or ethnic origin;
 - c. my age, sex, marital status or family status, and date of birth,
 - d. my financial status and history;
 - e. any identifying numbers, symbol or other particulars assigned to me such as my social insurance number, health care card number, or personal identification number;
 - f. Information about my educational or employment status and history.
4. I understand that the personal information that may be released to banks or other financial institutions, mercantile organizations, Indigenous organizations, government organizations and educational institutions are:
 - g. my name, home or business addresses or home and business telephone numbers;
 - h. my national or ethnic origin;
 - i. my age, sex, marital or family status, date of birth; and
 - j. my financial status and history.

I agree to provide such additional consent to the release of my personal information as may be required from time to time by the Gwich'in Tribal Council.

DECLARATION

I declare that the information submitted in this form is correct to the best of my knowledge.

I agree to:

- use any funding received from the GTC Employment and Training Program funds towards the cost of my education and return any refunds of tuition or other fees and any GTC Employment and Training funding that I am not entitled to;
- immediately notify the GTC Employment and Training Program staff in writing if I change my status as a full time student in an approved program, my study period, my marital status, the status of my dependants or financial status, any changes to my address(es), phone numbers and bank accounts;
- provide information or documents requested by the GTC Employment and Training Program staff to verify any statement made in this application; and
- to follow the terms and conditions of any funding that I may receive.

I understand that:

- I may have to repay my financial assistance now or in the future to the Gwich'in Tribal Council if there are changes to my financial, marital, or dependant status; or my status as a full-time student in an approved program;
- I may be denied financial assistance now and in the future, if:
 - I make false or misleading statement in this application;
 - I do not comply with a request from the GTC Human Resource Department to provide information or documents so that information in this application may be verified;
 - my eligibility for GTC Employment and Training Program funds may be effected by income that I, or my spouse, receive from other sources; and
 - I have an outstanding debt to the Gwich'in Tribal Council or its affiliates or to other funding agencies.
- **The GTC Employment and Training Program Staff will contact me periodically to gather statistical information as it relates to my education and training for which I am being sponsored and I agree to fully participate in providing such information.**

Signature of Student

Signature of Witness

Print name of student

Print name of witness

____/____/____
YYYY/MM/DD

____/____/____
YYYY/MM/DD

Please print the form, complete all sections, sign, and scan (if submitting by email).

Submit your fully completed application form and all required documents with one of the following options:

In Person:

Gwich'in Tribal Council
1-3 Council Crescent
Inuvik, NT

Fax:

Attn: Education Department
867-777-7919

Mail:

Gwich'in Tribal Council
P.O. Box 1509
Inuvik, NT
X0E 0T0

Email:

education@gwichin.nt.ca

EDUCATION AND TRAINING DEADLINES

Fall Semester: July 15th

Winter Semester: November 15th

Spring Semester: March 15th

Summer Semester: April 15th

Short Programs/Courses: One month prior to start of training.