



P.O. Box 340, Rankin Inlet, NU X0C 0G0
PH: (867) 645-2122 • FAX: (867) 645-2170 • Toll Free: 1 (866) 880-8809

Student Sponsorship Application

Please circle one you need help with: Job Search Career Planning Other
Work Experience Employment Training

Course Name: _____ **Name of School:** _____

Course Start Date: _____ **Course End Date:** _____

Check one that applies to you:

1st Year 2nd Year 3rd Year 4th Year **Course Location:** _____

PLEASE PRINT CLEARLY. PERSONAL INFORMATION:

First Name: _____ **Last Name:** _____

Mailing Address: _____

Community: _____ **Province/Territory:** _____

Postal Code: _____

Gender: Female Male

Date of Birth: _____

SIN: _____ - _____ - _____

Inuit Beneficiary N°: _____
(Please include photocopy of card)

Driver's License N°: _____

Class N° of License: _____

Home Phone N°: _____

Work Phone N°: _____

Fax N°: _____

E-Mail: _____

Please check one. Are you a resident of the Kivalliq Region? If not, how long?

Yes No | N° of Years: _____

If you currently do not reside in the Kivalliq Region then when was the last time?

Date: _____ Location: _____

Do you have any disabilities? If yes, please specify:

Are you going away from your home community for training? Yes No

Check one that applies to you. Status before training:

Employed Unemployed Income Support Receiving EI
 Other: _____

Family Status:

Single Married Common Law

Information of Spouse:

First Name: _____ Last Name: _____

Date of Birth: _____

Spouse working? If yes, please include VOI. Yes No

Applying for sponsorship through Kivalliq Partners as well? Yes No

If you have a child or children together and both applying for sponsorship then only one may claim for the child/ren.

Will **you** be living with and supporting child/children? Yes No

If **you** are claiming for the child/ren, please list them below.

Name	Date of Birth (DD/MM/YYYY)	Relationship

Do you require dependant care financial assistance? Yes No

Please note that your partner cannot be listed as a childcare provider

Education:

Last high school attended or currently attending

High School Name: _____

Highest Grade Completed and Year: _____

Community: _____

Province/Territory: _____

Post-Secondary Education:

Please provide the **last two program, courses, or training** you've attended if applicable

Name of Institution: _____

Program: _____

Start Date: _____

End Date: _____

Did you complete the program? If not, please provide the reason.

Yes No | Why not? _____

Were you sponsored? If yes, please provide information.

Yes No | Name of Funding Agency: _____

Name of Institution: _____

Program: _____

Start Date: _____

End Date: _____

Did you complete the program? If not, please provide the reason.

Yes No | Why not? _____

Were you sponsored? If yes, please provide information.

Yes No | Name of Funding Agency: _____

Have you applied to another funding agency for the course you are currently applying for? If yes, please provide information on the other agency.

Yes No | Name of Funding Agency: _____

Have you ever been sponsored by our organization? If yes, please provide information. Yes No

Program: _____

Location: _____

Did you complete it? If not, please provide a reason.

Yes No | Why not?

If your application for sponsorship were to be approved we require banking information so training allowance can be deposited directly into your account. Please provide the information if you can.

Name of Bank: _____ Transit N°: _____ Acct N°: _____

IF BANKING INFORMATION IS NOT PROVIDED THEN CHEQUES WILL BE MAILED TO THE ADDRESS PROVIDED

In order for your application to be processed, the following list below should be provided.

1. Letter of Acceptance
2. Letter of Interest/Intent (reason why you would be a great applicant to sponsor)
3. Copy of Resume
4. Transcripts from previous program/course (if not, high school transcripts)
5. Tuition & Textbook Costs

DECLARATION & AUTHORIZATION TO RELEASE INFORMATION:

1. I certify that the information given above is true, correct, completed, and understand that it may be subject to verification. I hereby authorize Human Resource Development Canada to release information about the status and benefit rate of Employment Insurance claim to Kivalliq Partners to determine my eligibility for the program and/or for alternative income support. This authorization will remain **UNLESS** I have given written instruction to cancel authorization.
2. You may have access to information (under the Access to Information Act) that we maintain about you and may request to see it upon one day's written notice of such a request. Be reminded that Kivalliq Partners in Development is merely a custodian of the information gathered on clients and that all information is the sole property of Human Resources Development Canada. You are **NOT** entitled to take possession of your file, but you may request to see, add, or change information therein.

SIN: _____-_____-_____

Client Name: _____

Please Print Clearly

Signature: _____

Date: _____