



Dept of Inuit Programs & Services  
P.O. Box 340  
Rankin Inlet, NU  
(867) 645 5725  
Toll Free: 1-800-220-6581

# Kivalliq Inuit Association

## Post-Secondary Education Student Sponsorship

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### Program Eligibility & Description:

This program provides financial assistance to help students cover the costs for the duration of their post-secondary education. To be eligible, you must be a:

- Full or Part Time Student registered in a certificate, diploma, degree, or an apprenticeship program at a post-secondary institution/university for 6 consecutive weeks or more.

### For your application to be reviewed, application checklist must be completed:

- ☐ Letter of Acceptance from College/University
- ☐ Confirmation of Funding Approval/Denial Letter (Please clarify if you are funded by other agencies or on Educational Leave)
- ☐ Updated Transcripts (if continuing education)
- ☐ Copy of Resume
- ☐ Tuition & Book Costs
- ☐ Copy of NTI Card
- ☐ Copy of Voided Cheque
- ☐ Government Issued ID
- ☐ Copy of all Birth Certificate/Healthcare Card of all claimed dependents
- ☐ Spouse Verification of Income (VOI) (if applying for childcare subsidy)

### Contact Information

Please send completed application form along with supporting documents to the appropriate Employment & Training Officer(s):

**Daisy Panika**

[dpanika@kivalliqinuit.ca](mailto:dpanika@kivalliqinuit.ca)

Tel: (867) 645 5725

**Tanya Tugak**

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**Rochelle Tartak**

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**Christina Kalai**

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Tel: (867) 645 5763

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Urban Inuit Across Canada

Chesterfield Inlet

Arviat

Rankin Inlet

Coral Harbour

Baker Lake

Naujaat/Whale Cove

### Please indicate which supports you are applying for:

- |                                             |                                            |
|---------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Training Allowance | <input type="checkbox"/> Travel Assistance |
| <input type="checkbox"/> Living Allowance   | <input type="checkbox"/> Rent Supplement   |
| <input type="checkbox"/> Childcare Subsidy  | <input type="checkbox"/> Supplies          |
| <input type="checkbox"/> Tuition/Book Costs |                                            |

# KIA Student Sponsorship Application Form

## A—Personal Information (PLEASE PRINT CLEARLY)

Last Name	First Name	
Permanent Address (T4A for income tax will be sent to this address)		
Home Community, Province/Territory, Postal Code		
Date of Birth	Gender (Male/Female)	Social Insurance Number
Home/Cell Number:	E-Mail Address	NTI Card Number
Are you a resident of the Kivalliq Region? (Yes/No) If not, how many years have you been living out of the Kivalliq?		
Your status before training: (Employed, unemployed, income support, receiving EI, other)		
If employed, name of Employer:		
Do you have any disabilities? If yes, please specify		
Are you a homeowner? Yes/No If yes, will your home be rented while studying?		
Are you on Educational Leave with your Employer? If yes, please provide your educational leave agreement with your employer.		

## B—Program Information

Program	College/University Institution	
Program Start Date	Program End Date	Program Location
Full or Part Time Studies?	College/University Mailing Address, City, Postal Code	
Year of Study (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> Year)?	Have you applied for other funding agencies? If yes, what is the status of your application? (Approved/Denied/Pending)	
In-person or online studies?	Reason for applying for student sponsorship?	

C—Spousal and Dependent Information			
Spouse Full Name & Date of Birth		Is your spouse working while you are in school? (If yes, please provide verification of income) (yes/no)	
If you have a child/ren together and are both applying for student sponsorship, only one may claim for the dependents. Who will be claiming? Will you be living with and supporting the children? (yes/no)			
If you are claiming for the children, please list the children(s) information below			
Full Name	Date of Birth (MM/DD/YYYY)	Relationship	Living with you while in school? (Yes/No)
Will your children(s) be in daycare or with private caregiver? (Please state childcare rate per day per child)			

### DECLARATION & AUTHORIZATION TO RELEASE INFORMATION:

<p>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 Inuit Association to determine my eligibility for the program and/or for alternative income support. This authorization will remain <b>UNLESS</b> I have given written instruction to cancel authorization.</p> <p>2. I hereby authorize Kivalliq 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), or other funding organizations, my childcare provide, and my landlord to determine my eligibility for the program and for verification purposes throughout the duration of the program.</p> <p>3. 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 Inuit Association 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 <b>NOT</b> entitled to take possession of your file, but you may request to see, add, or change information therein.</p> <p>4. I authorize Kivalliq Inuit Association at any time to request for information regarding my academic progress including enrollment confirmation, education costs and transcripts from the education institution that I will be attending.</p> <p><i>By signing this application form, you have read and understood the DECLARATION &amp; AUTHROIZATION TO RELEASE INFORMATION written on this form.</i></p>	
Print Student Full Name	Student Signature
Social Insurance Number	Date