



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

Student Sponsorship

IMPORTANT: This form is to be completed within the first 2 weeks of each semester. It confirms that you have started school. Once completed, return to the Employment & Training Coordinator. NO STUDENT PAYMENTS WILL BE MADE UNTIL THIS FORM IS RECEIVED.

A – TO BE COMPLETED BY STUDENT

I, _____ of Community/City _____

Declare that my eligibility for the Inuit-Post Secondary Education Program has not changed since I was approved for student financial assistance by the Kivalliq Inuit Association (KIA). I agree to inform the KIA office of any changes to my status as they occur during the school year. This may include but is not limited to a change in course load, withdrawing from my program, or a change in marital or dependent status. I understand that failure to do this may result in termination of benefits, recovery of benefits paid, and possible legal action.

Student's Signature

My mailing address while at school is:

Community	Territory/Province	Postal Code
Telephone (Home)	Email Address (Please print clearly)	Student ID #

B – TO BE COMPLETED BY POST-SECONDARY INSTITUTION

I, _____, CERTIFY THAT
NAME OF EDUCATIONAL OFFICER

NAME OF EDUCATIONAL OFFICER

STUDENT'S NAME

is registered as a: FULL TIME STUDENT IN A POST-SECONDARY PROGRAM
 PART TIME STUDENT IN A POST-SECONDARY PROGRAM

They are in their (select one): 1st 2nd 3rd 4th year

The program is _____ year(s) in duration and results in a:

Certificate Diploma Bachelor's Master's PhD Apprenticeship

The current term is: Fall Winter Spring Summer Other

Starts: _____ and ends _____
START DATE (YYYY/MM/DD) END DATE (YYYY/MM/DD)

The academic year has (check one): 1 2 3 4 terms

Tuition Cost	Book Cost	Required Fees

SIGNATURE OF OFFICIAL

TITLE OF OFFICIAL

PHONE NUMBER

EMAIL

Return to: Your Employment & Training Officer

Department Of Inuit Programs & Services

Kivalliq Inuit Association