



Dept. of Inuit Programs & Services
 PO Box 340
 Rankin Inlet, NU X0C 0G0
 Direct line: (867)645-5725
 Toll Free Number: 1-800-220-6581

Student Sponsorship CONTINUATION FORM

IMPORTANT:

This form should be completed ONLY if you are CURRENTLY BEING SPONSORED BY KIA and are applying for CONTINUATION of sponsorship for the next academic year.

NOTE: KIA must have the following listed below for the academic year that you just completed before you can receive KIA Benefits for the upcoming school year.

- New tuition cost from a registered post-secondary institution
- Up to date Transcripts
- New Acceptance Letter from your college/university

A – PERSONAL INFORMATION											
Last Name	First Name										
Middle Name(s)	Previous Last Name(s)										
Permanent Address (your T4A for income tax will be sent to this address)											
Current Mailing Address											
Community	Territory/Province	Postal Code									
Telephone (Home) ()	Email Address (Please print clearly)										
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td> </tr> </table>					<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td> </tr> </table>					Date of Birth (YY-MM-DD)	
Social Insurance Number		Health Card Number									
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Citizenship <input type="checkbox"/> Canadian <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other: (Explain) _____	Current Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law(Living together for 12 continuous months)									
Have you ever claimed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", give date of Absolute Discharge (YY-MM-DD) _____											
Do you presently have an outstanding Canada Student Loan and/or Provincial or Territorial Student Loan from any other Province or Territory? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", from where? _____ Outstanding Amount? _____											
Are you a Nunavut Land Claims Beneficiary? If Yes, please provide your NTI Beneficiary Enrollment Card Number											
Have you previously applied for KIA Student Sponsorship Program? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", when? _____ Preferred languages of communication: <input type="checkbox"/> Inuktitut <input type="checkbox"/> English <input type="checkbox"/> Inuinnaqtun <input type="checkbox"/> French Are you receiving disability benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you or will you be receiving Employment Insurance Benefits (EI)? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you or your spouse receiving income assistance payments? <input type="checkbox"/> Yes <input type="checkbox"/> No If you are receiving Income Assistance, you must inform your Income Support worker once you are approved for KIA Funds Will you be receiving salary or financial assistance from any other agency or organization while attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", from whom? _____ (Do not include scholarships)											

B – SPOUSAL AND DEPENDENT INFORMATION

KIA CANNOT GIVE BENEFITS FOR DEPENDENTS, SPOUSES, OR COMMON-LAW SPOUSES WHO HAVE MISSING OR INCORRECT HEALTH CARE NUMBERS OR MISSING DATES OF BIRTH

Your spouse's name:

Your spouse's email address:

Phone number if different from student:

Spouse's Date of Birth (YY-MM-DD) Please check the correct box:
 Married Living as common law since (YY-MM-DD) _____

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Spouse's Social Insurance Number

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Spouse's Health Card Number

Will your spouse be working full time while you are at school? Yes No
 Will your spouse be receiving Employment Insurance? Yes No
 Will your spouse be receiving Training Allowance? Yes No
 If both parents will be students only one parent can claim the children as dependents. Please indicate which parent will claim the children: _____

NOTE: You must immediately notify KIA that your spouse's employment situation changes

DEPENDENT CHILDREN NAMES (Dependent children must be financially dependent upon you.)

	GIVEN NAME	LAST NAME	DATE OF BIRTH (YY-MM-DD)	RELATIONSHIP WITH YOU	HEALTH CARD NUMBER	LIVING WITH YOU WHILE AT SCHOOL?
1						
2						
3						
4						
5						
6						

Note: Please use an additional sheet of paper if there is not enough room to list all your dependents

C – PROGRAM DETAILS

Provide the following information regarding your course of study

Educational Institution
Name

Address

Community	Territory/Province	Postal Code
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Program of Study

Date of Study
 Start Date: _____ End Date: _____
 (YY-MM-DD) (YY-MM-DD)

Check one of the box: 1st 2nd 3rd 4th 5th of a _____ year program

Expected Program Completion Date: (YY-MM-DD)		When you complete your program, you will receive a: <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Bachelor's <input type="checkbox"/> Masters <input type="checkbox"/> Ph.D <input type="checkbox"/> Other _____	
Name of the Degree, Diploma, or certificate you will obtain upon completion		Are you taking this program of study through correspondence or online distance education? <input type="checkbox"/> Yes <input type="checkbox"/> No	
D – BANKING INFORMATION			
Bank account must be in the Applicant's name. Either attach a void cheque or have the bank fill out this information:			
Name of Bank			
Branch Address			
Institution Number	Transit Number	Account Number	
Name of Account Holder			
DECLARATION AND 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 UNLESS I have given written instruction to cancel authorization.</p> <p>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 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 NOT entitled to take possession of your file, but you may request to see, add, or change information therein.</p>			
Student Name (Print Clearly): _____		Date: _____	
Student Signature: _____			
Please submit application and supporting documents to the Kivalliq Inuit Association – Department of Inuit and Programs & Services to the Employment & Training Coordinators, depending on where you reside in the Kivalliq Region:			
Christina Angootealuk CAngootealuk@kivalliqinuit.ca Rankin Inlet Whale Cove Coral Harbour Naujaat		Daisy Panika dpanika@kivalliqinuit.ca Baker Lake Chesterfield Inlet Arviat Inuit Beneficiaries Across Canada	