



Preparing your KIA Student Sponsorship Continuation Application

In order for your application to be reviewed, the following list below must be provided with the application:

- Letter of Acceptance from your College or University
- Confirmation of Funding (FANS, ALTS or other funding agency's acceptance/denial letter)
(Please provide document in application if you are Nunavut resident)
- Updated Transcripts
- Tuition and Book costs – quote or receipts (If fully sponsored by KIA)
- Copy of your Void Cheque
- Copy of NTI Card
- Copy of Government issued ID and/or Healthcare cards for you, your spouse and dependents
- Supplies costs – quote or receipts (If applicable)

IMPORTANT:

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

Submitting your Completed Application:

The Kivalliq Inuit Association – Department of Inuit Programs & Services has three Employment & Training Coordinators, depending on where you reside in the Kivalliq region, please send completed application form with supporting documents to:

Christina Angootealuk
cangootealuk@kivalliqinuit.ca
Direct Line: (867) 645 5763
Arviat
Baker Lake
Whale Cove
Chesterfield Inlet

Daisy Panika
dpanika@kivalliqinuit.ca
Direct Line: (867) 645 5761
Inuit Beneficiaries across Canada

Mary Tagalik
mtagalik@kivalliqinuit.ca
Direct Line: (867) 645-5770
Rankin Inlet
Coral Harbour
Naujaat

- Living Allowance
- Childcare Assistance
- Tuition/Book Costs
- Supplies
- Training Allowance



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

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"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> Social Insurance Number												<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> Health Card Number										
Date of Birth (YY-MM-DD)																						
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: <input type="checkbox"/> Married <input type="checkbox"/> Living as common law since (YY-MM-DD) _____																				
<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> Spouse's Social Insurance Number												<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> 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 (YYYY-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 *Please put exact start & end date*

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 _____
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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
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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 _____
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Name of Account Holder _____

DECLARATION AND 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 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.
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.

Student Name (Print Clearly): _____ Date: _____

Student Signature: _____