



Preparing your KIA Student Sponsorship 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)
- Letter of Interest/Intent (A reason why you would be a great applicant to sponsor)
- Copy of your resume
- Updated Transcripts
- Tuition and Book costs – quote or receipts (If fully sponsored by KIA)
- Copy of your NTI Beneficiary Card
- Copy of your Void Cheque
- Copy of Government issued ID and/or Healthcare cards for you, your spouse and dependents
- Supplies costs – quote or receipts (If applicable)

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

Daisy Panika
dpanika@kivalliqinuit.ca
Direct Line: (867) 645 5761

Mary Tagalik
mtagalik@kivalliqinuit.ca
Direct Line: (867) 645 5770

Arviat
Baker Lake
Whale Cove
Chesterfield Inlet

Inuit Beneficiaries across Canada

Rankin Inlet
Coral Harbour
Naujaat

Please **choose** what you are applying for:

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

Funding Information for KIA's Student Sponsorship Program

Living Allowance:

- Students attending college/university are eligible to apply under the Student Sponsorship Program
- Students with no dependents will receive \$500.00 biweekly
- Students with 1 dependent will receive \$700.00 biweekly
- Students with 2 or more dependents will receive \$900 biweekly

Childcare Assistance:

- Students enrolled in a college/university institution are eligible to receive childcare allowances to pay for daycare or babysitter (Note: This is only for the ages 12 years old and under child support)
- Your spouse must be working (your spouse cannot be listed as a childcare provider)
- The childcare assistance is offered at a rate of \$40 per child a day
- Childcare allowance is directly to the students and paid by invoice only. If you had paid and received receipts from daycare or babysitter you can be reimbursed from KIA

Tuition

- For tuition costs the funds will be paid directly to your post-secondary institution
- FANS or ALTS will cover most tuition costs but if the tuition is higher cost than the approved budget you are eligible for top-up from KIA to cover full tuition costs
- Tuition will not be paid unless an invoice is sent to KIA

Books and Supplies

- If ALTS or FANS doesn't cover books/supplies costs you may be eligible for support, if you provide receipts of books and supplies you can be reimbursed from KIA
- If you provide invoice for books and supplies for your program we can make payment to you
- If you are not approved by FANS/ALTS please provide a quote when submitting your application

Training Allowance

- Students may be eligible to receive training allowance if ALTS or FANS can't fund the student for any reason
- Students with no dependents will receive \$650.00 biweekly
- Students with 1 dependent will receive \$870 biweekly
- 2 dependents at \$1,090.00 biweekly
- 3 dependents at 1,310.00 biweekly
- 4 or more dependents at \$1,530.00 biweekly

All allowances are paid bi-weekly directly to the account information you provided with your application. All students funded by KIA must submit enrolment forms at the beginning of each semester.



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 APPLICATION FORM

A – PROGRAM DETAILS		
Course Name	Name of School	
Course Start Date: (MM-DD-YYYY)	Course End Date: (MM-DD-YYYY)	
Check one that applies to you: <input type="checkbox"/> 1 st Year <input type="checkbox"/> 2 nd Year <input type="checkbox"/> 3 rd Year <input type="checkbox"/> 4 th Year Course Location: _____		
B – PERSONAL INFORMATION (Please Print Clearly)		
Last Name	First Name	
Permanent Address (Your t4A for income tax will be sent to this address)		
Home Community	Province/Territory:	Postal Code
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth: (MM-DD-YYYY)	Social Insurance Number
Inuit Beneficiary Number (NTI Card/Please include photocopy of card)	Driver's License Number & Class Number of License:	
Home Phone Number:	Work Phone Number:	Fax Number:
E-Mail Address:	Current Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law	
C – SCHOOL ADDRESS (If different from above)		
School Home Mailing Address	City/Town	
Province/Territory:	Postal Code	

Please check one. Are you a resident of the Kivalliq Region? If not, how long? <input type="checkbox"/> Yes <input type="checkbox"/> No Number 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Check one that applies to you. Status before training: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Income Support <input type="checkbox"/> Receiving EI <input type="checkbox"/> Other: _____

D – SPOUSAL AND DEPENDENT INFORMATION

Your Spouse's Full Name:

Your Spouse's Date of Birth:

Is your spouse working? If yes, please include VOI. Yes NoIs your spouse applying for sponsorship through Inuit Programs & Services as well? Yes NoIf 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 NoIf **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****E – EDUCATION****Last high school attended or currently attending:**

High School Name:

High School Community:

Highest Grade Completed & Year:

High School Province/Territory:

Post-Secondary Education: *(Please provide the last two programs, 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 for FANS or ALTS for the course you are currently applying for? If yes, please provide information on the other agency. **Please include a copy of the acceptance letter.** Yes No Name of Funding Agency:

Have you ever been sponsored by our organization? If yes, please provide information. Yes No
 Program: _____ Location: _____
 Year: _____
 Did you complete it? If not, please provide a reason.
 Yes No Why not?

F – EMPLOYMENT HISTORY (Please provide a resume as well)

Name of Current or Last Employer: _____	What is, or was, your job position? _____
Dates Employed: Start Date: (MM-DD-YYYY) _____	End Date: (MM-DD-YYYY) _____

Are you still working? If not, please provide reason for leaving.
 Yes No Why?

Previous Employer: _____
 Job Position: _____
 Start Date: (MM-DD-YYYY) _____
 End Date: (MM-DD-YYYY) _____
 Reason for Leaving: _____

Previous Employer: _____
 Job Position: _____
 Start Date: (MM-DD-YYYY) _____
 End Date: (MM-DD-YYYY) _____
 Reason for Leaving: _____

Previous Employer: _____
 Job Position: _____
 Start Date: (MM-DD-YYYY) _____
 End Date: (MM-DD-YYYY) _____
 Reason for Leaving: _____

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 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.

Social Insurance Number: _____ - _____ - _____ Student Name: _____

Signature: _____ Date: _____