



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

Program Eligibility & Description:

This program provides financial assistance to students to cover the costs 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 Acceptance/Denial Letter (Please clarify if you are funded by other agencies or on Educational Leave)
- 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 with supporting documents to the appropriate Employment & Training Officer(s):

Christina Angootealuk
cangootealuk@kivalliqinuit.ca
Tel: (867) 645 5763

Tanya Tugak
ttugak@kivalliqinuit.ca
Tel: (867) 645 5775

Rochelle Tartak
rtartak@kivalliqinuit.ca
Tel: (867) 645 5770

Kivalliq Beneficiaries Across
Canada

Rankin Inlet
Baker Lake
Coral Harbour

Arviat
Naujaat
Whale Cove
Chesterfield Inlet

Please checkmark what you are applying for:

- Training Allowance
- Living Allowance
- Childcare Subsidy
- Tuition/Book Costs
- Supplies
- Travel Assistance
- Rent Supplement

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 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		

B—Program Information

Program	College/University Institution	
Course Start Date	Course End Date	Course Location
Full or Part time Studies?	College/University Mailing Address, City, Postal Code	
Year of Study (1 st , 2 nd , 3 rd , 4 th Year)?	Applied for other funding agencies? If yes, status of application from funder (Approved/Denied)	
In-person or online studies?	Reason to applying for sponsorship funding?	

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 or children together and both applying for sponsorship, only one may claim for the dependents. Will you be living with and supporting the children? (yes/no)	
Please note that your spouse cannot be listed as a childcare provider	

C—Spousal and Dependent Information continued

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:

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. 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.
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 **NOT** entitled to take possession of your file, but you may request to see, add, or change information therein.
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.

By signing this application form, you have read and understood the DECLARATION & AUTHROIZATION TO RELEASE INFORMATION written on this form.

Print Student Full Name	Student Signature
Social Insurance Number	Date