



Northwest Territory Métis Nation Training Fund

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APPLICATION FOR EDUCATION AND TRAINING ASSISTANCE

BASIC ELIGIBILITY REQUIREMENTS

1. The applicant **must be Métis**.
2. The applicant must reside in the Northwest Territory Métis Nation service area: **Northwest Territories**. *Proof of residency will be requested.*
3. Applicant must seek other funding sources before applying with the NWT Métis Nation (ex: NWT Student Financial Assistance or to see if you are EI eligible for funding). *The applicant must provide evidence that attempts have been made to access other funding.*

Application Deadlines:

Fall Term (September to December):	July 15 th
Winter Term (January to April):	November 15 th
Spring/Summer Term (May to August):	March 15 th
Other:	1 Full month prior to the Start of the course date

****Please refer to back page for checklist regarding other documents that must be submitted to complete application for funding. Keep this page for your files****

*******APPLICATION WILL NOT BE CONSIDERED UNTIL COMPLETED IN FULL*******

*****PLEASE READ THROUGH APPLICATION & PRINT CLEARLY*****

New Applicant **Previously Funded**

Please check any of the following if they apply to you: If you are in receipt of any EI benefits or have been on EI, please check the box which applies.

Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you currently receiving Employment Insurance?	\$_____ bi-weekly
Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you received Employment Insurance within the past 60 months (5 years)	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you received maternity / paternity benefits in the past 60 months (5 years)?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you in receipt of Income Support?	\$_____ per month

PERSONAL INFORMATION:

First Name:		Middle Name(s):	Last Name:
Maiden Name:		Gender: Female: <input type="checkbox"/> Male: <input type="checkbox"/> Unspecified: <input type="checkbox"/>	Date of Birth: day / month / year / /
NWT Health Card Number:	Social Insurance Number:	Drivers License: Yes <input type="checkbox"/> No <input type="checkbox"/> Class #: Province: Expires: dd / mm / yyyy	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Common-law (living together for 12 continuous months)			
Name of Spouse (spouse means the person you are married to or your common-law): _____			
Will your spouse be staying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will your spouse be: <input type="checkbox"/> Working <input type="checkbox"/> Going to school <input type="checkbox"/> Unemployed			
If spouse is working, Spouse works: <input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual			
Aboriginal Status: <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/> First Nations <input type="checkbox"/> Non-Aboriginal <input type="checkbox"/> Other:			
Main Language Spoken:		Do you have a disability, or suspect that you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what kind?	
1. Permanent mailing address in the NWT			
Street/P.O. Box #:		Town/City:	Territory/Province:
Postal Code:		Phone (Home): ()	Email Address:
2. Address while in school			
Street/P.O. Box #:		Town/City:	Territory/Province:
Postal Code:		Phone (Home): ()	Phone (Cell): ()

DEPENDENTS: List all individuals who you are currently supporting financially. This includes child maintenance.

Name of Dependent	Date of Birth			Age	Disability Yes/No	Relationship to You
	Day	Month	Year			

REFERRAL:

Were you referred to the Northwest Territory Métis Nation Training Fund: Yes _____ No _____

If so, by whom: _____

PREVIOUS EDUCATION:

Please include the **EXACT OR ESTIMATE DATES** (month/year)

Primary & Secondary Education - (Grades 7-12)					
Name of School	Town/City	Province	End Date mm/yyyy	Highest Level Completed	With Diploma

Post-Secondary Education - (College, University)					
Program	Name of College/University	Community & Province	Start Date mm/yyyy	End Date mm/yyyy	Highest Level Completed

Trade Details (Carpentry, Electrician, Plumbing, etc.)					
Trade	Name of College/University	Level Completed	Years of experience	Start Date mm/yyyy	Finish Date mm/yyyy

Certificates (Standard First Aid/A, B, C, Class V, WHIMIS, H2S Alive, TDG, Water Safety, etc.)			
Training Course	Training Facility	Certificate/License	Expiry Date: mm/yyyy

EMPLOYMENT HISTORY:

List employers starting with current and/or most recent and the **ESTIMATED FULL DATES** (**month/year**) of employment.

1. Name of Employer:	Start Date: mm/yyyy	End Date: mm/yyyy
Job Title:	Full Time _____ Part-Time _____	
List 5 main duties: 1. 2. 3. 4. 5.		
Reason for Leaving:		

2. Name of Employer:	Start Date: mm/yyyy	End Date: mm/yyyy
Job Title:	Full Time _____ Part-Time _____	
List 5 main duties: 1. 2. 3. 4. 5.		
Reason for Leaving:		

Yes No Do you own a vehicle?

Yes No Are you willing to relocate for work if required?

WHAT DO YOU REQUIRE ASSISTANCE WITH: Check the desired activity?

Upgrading or Post-secondary schooling	
Job Search	
Get a job or get a better job	
Apprenticeship	
Skills Enhancement	
Short-term training to enhance my future employability	

PROPOSED TRAINING ACTIVITY:

Program/Course attending:	Year: 1 st 2 nd 3 rd 4 th of _____ years	Start Date: d/m/y / /	End Date: d/m/y / /
College/University:	Town/City:		
Type of Program: <input type="checkbox"/> License <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate			
Attending: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Semester/Term: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring/Summer	
Has your funding been suspended/terminated within the previous five years with SFA or Service Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, When? month / year			
Why and how much do you owe? _____ <div style="text-align: center;">Main reason given in the Letter of Suspension/Termination</div>			
Did you try to get funding from other funding agencies before applying with us (SFA, EI, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why? _____			
Did you attach your SFA acceptance/rejection letter? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why? _____			
Did you attach your school acceptance letter? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why? _____ _____			

- ***Please be advised that you are required to hand in a copy of all tuition, book & supply receipts once paid. If not submitted, you will have to reimbursement the NWT Metis Nation.***
- ***You will also be required to submit your unofficial transcripts at the end of each semester.***
- ***All student must submit their monthly attendance. If your class does not take attendance, please let us know and we will be happy to provide you with an attendance sheet for you to submit at the end of every month.***
- ***Student Fees - As of April 1, 2012 the Northwest Territory Metis Nation will only cover computer lab fees and U-Pass fees unless discussed otherwise with the ISETP Manager, career counselor or employment counselor.***

FINANCIAL INFORMATION

1. Please list all sources of income, including your income, family, employer, and alimony payments received: (Student Financial Assistance, Scholarships, etc.)

Name of Individuals or Agency Providing Financial Assistance	Applied To √	Rejected √	Approved √	Amount of Funding (\$)

2. Lump Sum or One-Time Expenses.

(Please indicate the total costs of your education fees and what you are requesting from other funding Agency and/or NWT Métis Nation Training Fund)

Description of Expense	Actual / Estimated Cost			SFA or other funding agency Amount	NWT Métis Nation Requested Amount
	Fall	Winter	Summer		
Tuition only do not include student fees	\$	\$	\$	\$	\$
Computer Lab Fee	\$	\$	\$	\$	\$
Other student fees	\$	\$	\$	\$	\$
Text Books	\$	\$	\$	\$	\$
Supplies (nurse/trades)	\$	\$	\$	\$	\$
Travel	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$

3. Monthly Expenses

Description of Expense	Amount
Rent	\$ Per month
Utilities	\$ Per month
Groceries	\$ Per month
Childcare	\$ Per month
Alimony	\$ Per month
Other: (Gas, cell phone, personal items, etc.)	\$ Per month
Total monthly amount	\$

CAREER PLAN

Answer all questions as best and detailed as possible.

Career Goals:

1. What is your long-term career objective?

2. What do you have to do to achieve this objective?

Career Decision Making:

1. Please explain how you have researched your career/employment goal (internet, talking to family & friends, etc.)?

2. Explain how you have researched employment opportunities in your area?

Employment Maintenance:

1. What is your current housing situation now and while attending school?

2. If you have children, explain what kind of child care backup support you will have in place while in school/work?

3. Are you ready, willing & able to attend school and/or work?

Job Search:

1. Are you able to prepare your own resume and do you feel confident in a job interview?

2. Do you have positive work references available?

3. List 5 things that your past employers would say about you if another employer where to request a reference?

1.	4.
2.	5.
3.	

4. What is the best way a potential employer can reach you?

Skill Enhancement:

1. Explain your skill level pertaining to the course(s)/program you are applying for?

2. Please list 5 or more skills that you may have (cashier, gardening, people skills, organizational skills, driving, child care, cooking, carpentry, sports, etc.):

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

CONSENT FOR THE RELEASE OF INFORMATION

Use this form if you wish to have someone else access your Northwest Territory Métis Nation Training Fund information on your behalf during the current academic year (family member, friend, teacher and/or other funding sources). Please note that this form must be completed each year.

STUDENT INFORMATION

First Name:	Last Name:	Phone:	Email address:
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RELEASE INFORMATION TO

1. First Name:	Last Name:	Phone:
Relationship to you:		
2. First Name:	Last Name:	Phone:
Relationship to you:		

INFORMATION TO BE RELEASED

Type of information you want NWTMN Training Fund to release to this person during this current academic year:
<input type="checkbox"/> All or <input type="checkbox"/> Some
If not all, please explain:

DECLARATION OF CONSENT

I hereby consent to the release of the information referred to above from my file by the Northwest Territory Métis Nation Training Fund. No other person(s) will be given this information without my further written consent and this information will be used only as stated above.	
_____ Signature	_____ Date: dd/mm/yyyy

Please read and then sign the Release Agreement and Declaration:

We will not accept on-signed applications

RELEASE AGREEMENT AND APPLICANT'S DECLARATION

1. In connection with my application for funding, I hereby authorize the Northwest Territory Métis Nation Training Fund to request information regarding my academic progress and to request written documentation from the education institution, including official transcripts.
2. I hereby consent to the sharing of any information regarding my training and employment status and any aspect of this application, which may affect the Indigenous Skills and Employment Training Program Agreement between the Government of Canada and the Northwest Territory Métis Nation Training Fund.
3. I hereby consent to the sharing of any information within the funding application to the Métis Councils, Student Financial Assistance, Education, Culture and Employment, Service Canada or designate.
4. I hereby apply to the Northwest Territory Métis Nation Training Fund for financial assistance and declare and acknowledge that:
 - (a) The information contained in this application is complete and true in every respect;
 - (b) False statements may result in the termination of benefits, the recovery of benefits already paid and/or my ineligibility to receive any type of funding from the Northwest Territory Métis Nation Training Fund for a period of five (5) years;
 - (c) If I am suspended, released or do not complete my program, as described in the "proposed activities", I will be required to reimburse the Northwest Territory Métis Nation Training Fund as per service contract amount of the financial assistance I have received and that I may become ineligible for any type of funding from the Northwest Territory Métis Nation Training Fund for a period of up to five (5) years;
 - (d) I will inform the ISETP Manager, Career Counselor or Employment Counselor of the Northwest Territory Métis Nation Training Fund of any changes to my funding from other sources as outlined above.
 - (e) The NWT Métis Nation Training Fund can at anytime request verification of dependants residing with you or in which you are providing a monthly allowance for. We also may request proof of residency.
 - (f) The information contained in this document is shared with Indigenous Skills and Employment Training Program. This means that most of the information on your application form is given to ISETP and we are required to track your progress on a computer system called VENN ONE. The Applicant has the right, under the Privacy Act, to obtain this information from Canada.

I have read and understood the above agreement and all information in the funding application is true:

Print Name

Signature of Applicant

Date – dd/mm/yyyy



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Direct Deposit Notification

We no longer deposit to a Link Card or any other cards

Program Start Date: _____ Program End Date: _____

PERSONAL INFORMATION

Name: _____

Mailing Address: _____

Territory/Province: _____ Postal Code: _____

BANKING INFORMATION

Name of Bank: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

ACCOUNT INFORMATION

Transit Number: _____ Institution Number: _____

Account Number: _____ Account Type: _____

NOTE: The Northwest Territory Métis Nation Training Fund holds no responsibility of the handling of money after the money has been deposited into the Bank Account stated above.

MAILED CHEQUE - please provide the mailing destination below if you do not want direct deposit.

Street/Box # _____ Town/City: _____

Prov/Territory: _____ Postal Code: _____

NOTE: Mailed Cheques may take up to one or two weeks to arrive at your destination. Please ensure that you're mailing address is correct and inform our office immediately if your address has changed. The NWTMN take no responsibility for any cheques once it has been sent through the mail.

Signature: _____ Date: _____



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This page is for your reference. Remove from application.

**** Please ensure that you complete the following steps and read through the application carefully.***
Failure to complete application will result in a delay of the application process *

- Fill out **ENTIRE** application as it applies to your request and include **FULL ESTIMATED DATES (day/month/year)**.
- Attach a photocopy of your current **NWT Health Card**. Call or email to see if we already have an updated copy on file if you have been funded from us before.
- Attach a photocopy of your **Métis Card**. If you do not have one, contact your local Métis office and have them fax us a letter. Call or email to see if we already have a copy on file if you have been funded from us before. Metis Letters will need to be updated every 5 years.
- Attach a copy of your **SFA acceptance/rejection letter** or from any other funding agency which indicates you have looked for alternative funding sources before applying with us. If applying for Adult Basic Education, no need to apply with SFA.
- Attach a **letter of acceptance** in the course/program you are attending and/or submit a copy of your confirmation of enrollment letter that confirms start and end date for each academic semester.
- A copy of your **Tuition and Fee breakdown cost** of program/semester.
- Include all Official Transcripts from previous institutions you have attended.** Call to see if we already have a copy on file (High school transcripts/post-secondary, etc.). We do not accept faxed or photocopies, all transcripts must be originals.
- Fax or email a copy of your **student detailed course schedule with instructor's names** once registered.
- Attach a copy of your **updated resume**.

Submit the application itself by the application deadline indicated on page 1. Other supporting documents can be submitted afterwards as you receive them.

Once all documents have been submitted, a face to face interview will be scheduled.

Should you have any questions or concerns, or need help filling out this application, please call our office and we will be happy to assist you. Applications may be emailed, faxed or mailed to the address listed above.