



Northwest Territory Métis Nation Education and Training

P.O. Box 720 Fort Smith, NT X0E 0P0
Candice: 867-872-2770 ext. 1014 / Pearl: 872-3630/872-2770 ext. 1005 / Fax: 872-5453
Phone: toll free 1-866-399-7299 / Fax: toll free 1-866-399-7399
Email: careers@nwtmetis.ca / education@nwtmetis.ca
Yellowknife office – Phone 867-669-8906 / Fax: 867-669-8907
Email: employment@nwtmetis.ca
Website: www.nwtmetis.ca / facebook.com/nwtmetis

APPLICATION FOR BURSARY

Basic Eligibility Requirements for clients residing in NWT

1. The applicant must be **Métis or Indigenous Métis**.

NWT Métis Nation - Registries Officer: Phone (867) 872-4044 / Cell (867) 872-0081
Fax (867) 872-2772 / Email registries@nwtmetis.ca
2. The applicant must reside in the Northwest Territory Métis Nation service area: Yellowknife, Hay River, Fort Resolution & Fort Smith. *Proof of residency will be requested.* Indigenous Metis of the NWTMN residing outside our Service Area can apply for Bursaries but must provide proof of membership and fill out application for South residence.
3. Applicant must seek other funding sources before applying with the NWT Métis Nation, such as, NWT Student Financial Assistance and see if you are EI eligible while attending school. *The applicant must provide evidence that attempts have been made to access other funding.*

Application Deadlines:

Fall Term (September to December): Post-Secondary	July 15th
Winter Term (January to April): Post-Secondary	November 15th
Spring/Summer Term (May to August): Post-Secondary	April 1st
Other: Trades, short term courses, safety tickets, etc. <i>(Short notice applicants, there will be a delay to receive bursary)</i>	1 Full month prior to the Start of the course date

****Please refer to page 2 for checklist regarding other documents that must be submitted to complete application for bursary. Keep this page for your files****

*****APPLICATION ITSELF WILL NOT BE CONSIDERED UNTIL COMPLETED IN FULL***
PLEASE READ THROUGH APPLICATION & PRINT CLEARLY**



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This page is for your reference. Remove from application.

*** Please 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)**. **Submit the application itself before or by the deadline. All other supporting documents can be submitted later.**
- 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 recently.
- Attach a photocopy of your **Métis Card/Indigenous Metis card**. If you do not have one, contact your local Métis office/NWTMN registries department and request a letter confirming your membership. Call or email to see if we already have a copy on file if you have been funded by 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 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** per semester.
- Include all Official Transcripts from previous institutions you have attended**. Call to see if we already have transcripts on file (High school/post-secondary, etc.). We do not accept faxed or photocopies, but we do accept electronic copies of Official Transcripts or mailed hard copies.
- Email a copy of your **student detailed course schedule with instructor's names** once registered. If your school does not provide one, send a copy of your course syllabus for each course.
- Attach a copy of your **resume** with updated education and employment.
- Submit a copy of the College/University of your **Confidential Release form** for our files.
- If attending school outside the NWT, contact NWT Health Care Department in Inuvik to let them know you will be out of the NWT.

Submit the application itself before or 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 meeting will be scheduled in person. **No funding will be released until everything has been submitted and the application is completed.**

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 can be emailed, faxed, or mailed to the address listed above.

New Applicant

Previously Funded

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: All information on application must be filled out every academic year.

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:	Do you own a vehicle?	Driver's 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"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Common-law (<i>living together for 12 continuous months</i>)					
Name of Spouse (<i>spouse means the person you are married to or your common-law</i>): _____					
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:		Other Language spoken:		Do you have a disability, or do you suspect that you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what kind?	
Permanent mailing address					
P.O. Box # / Street, Apt.:			Town/City		Territory/Province:
Postal Code:	Home Phone: ()	Cell Phone: ()	Email Address:		

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

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

REFERRAL:

Were you referred to the Northwest Territory Métis Nation Education and Training? Yes _____ No _____

If so, by whom: _____

EMPLOYMENT HISTORY:

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

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

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

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	

PREVIOUS EDUCATION/TRAINING: Please include the **ESTIMATE FULL DATES** (day/month/year)

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

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

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

PROPOSED TRAINING ACTIVITY: Fill out for ONE ACADEMIC YEAR only.

Program/Course attending:	Year: 1 st 2 nd 3 rd 4 th of _____ years of school	Start Date: day/month/year / /
College/University:	Town/City:	End Date: day/month/year / /
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 or confirmation of enrollment letter? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why? _____ _____		

- You are **required to hand in a copy of all tuition, travel, book & supply receipts** once paid **IF** funded by the NWMTN. **If not submitted, you will have to reimbursement the NWT Metis Nation.**
- **Supply Receipts – This refers to Trades and Nursing students only (tools, work safety gear, nursing scrubs, stethoscope, etc.). We do not provide reimbursement of school supplies (pencils, paper, binders, etc.)**
- **Student Fees - As of April 1, 2012, the Northwest Territory Metis Nation will only cover Technology fee, Lab and Equipment fee and U-Pass fee unless discussed otherwise with the ISET Manager, Career/Employment counselor.**
- You will also be required to **submit your unofficial transcripts at the end of each semester.**
- **All students must submit their monthly attendance by requesting your instructor/professors to send a quick email confirming your participation in the courses by submitting assignments, completing quizzes and attending exams.**

FINANCIAL INFORMATION

1. Please list all sources of income, including other funding agencies you applied for, such as, NWT Student Financial Assistance, Scholarships, EI, 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 NWT Métis Nation Education and Training.

Description of Expense	Actual / Estimated Cost				SFA or other funding agency Amount	NWT Métis Nation Requested Amount
	Spring	Summer	Fall	Winter		
Tuition only: do not include student fees	\$	\$	\$	\$	\$	\$
Computer Lab fee/ Equipment & Lab fee	\$	\$	\$	\$	\$	\$
U-Pass Fee	\$	\$	\$	\$	\$	\$
Other student fees	\$	\$	\$	\$	\$	\$
Estimated cost for Textbooks	\$	\$	\$	\$	\$	\$
Supplies (nurse/trades)	\$	\$	\$	\$	\$	\$
Estimated cost for Travel	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$

3. Estimated Monthly Expenses: **Fill information below IF requesting a monthly bursary**

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 type of employment are you seeking?

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

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 childcare 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, childcare, 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 Education and Training information on your behalf during the current academic year (family member, friend, teacher and/or other funding sources). **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:		
3. First Name:	Last Name:	Phone:
Relationship to you:		
4. Other funding source:	Town/City	Phone:

INFORMATION TO BE RELEASED

Type of information you want NWTMN Education and Training to release to this person during this current academic year:

All or 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 Education and Training. No other person(s) will be given this information without my further written consent and this information will be used only as stated above.

Applicant's Signature

Date: dd/mm/yyyy

DECLARATION OF INDIGENOUS GROUP REGISTRATION AND CONCENT TO CONSULT

Use this form to confirm with the Northwest Territory Métis Nation Education and Training, that the applicant is not in receipt of any other ISET funding from another ISET Agreement Holder or ISET Service Provider.

Name:	Program:
Start Date	End Date:
Reside in the community of:	
Member of following Indigenous group (s): <ul style="list-style-type: none"> <input type="checkbox"/> Akaitcho Territory Government <input type="checkbox"/> Dehcho Settlement Area <input type="checkbox"/> Gwich'in Settlement Area (treaty or Métis) <input type="checkbox"/> Northwest Territory Métis Nation <input type="checkbox"/> Sahtu Settlement Area <input type="checkbox"/> Tilcho Settlement Area <input type="checkbox"/> Other: 	

The Northwest Territory Métis Nation may contact other ISET Agreement Holders or ISET Service Providers to verify this information.

Applicants Signature:	Date: month/day/year
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CONSENT TO CONSULT

The Northwest Territory Métis Nation may contact applicant's school for the following information:

<ul style="list-style-type: none"> • Attendance/Progress • Academic Standing • Grades • Enrolment status (Admission and Confirmation of Registration) • Adding/Dropping/Withdrawing from courses • Appeals and Variances • Disciplinary Status • Special needs documentation / Disability accommodations • Student account balances
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I hereby consent to the release of the information referred above to the Northwest Territory Métis Nation Education and Training.

Applicants Signature:	Date: month/day/year
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RELEASE AGREEMENT AND APPLICANT'S DECLARATION

Please read, sign and date the Release Agreement and Declaration:

1. In connection with my application for bursary, I hereby authorize the Northwest Territory Métis Nation Education and Training 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 Education and Training.
3. I hereby consent to the sharing of any information within the funding application to the Métis Council President, Student Financial Assistance, Aurora College, Education, Culture and Employment.
4. I hereby apply to the Northwest Territory Métis Nation Education and Training 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 Education and Training 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 Education and Training as per service contract amount and any other financial assistance I have received and that I may become ineligible for any type of funding from the Northwest Territory Métis Nation Education and Training for a period of up to five (5) years;
 - (d) I will inform the ISET Manager, Career Counselor or Employment Counselor of the Northwest Territory Métis Nation Education and Training of any changes to my funding from other sources as outlined above.
 - (e) The NWT Métis Nation Education and Training can at any time 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) If I tamper with any of the NWT Metis Nation forms, my funding will be terminated immediately.
 - (g) 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 bursary application is true:

Applicant's Name

Signature of Applicant

Date – dd/mm/yyyy



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Direct Deposit Notification

BANKING INFORMATION: Applicant must submit a VOID CHEQUE each academic year for direct deposit.

NOTE: The Northwest Territory Métis Nation Education and Training holds no responsibility of the handling of money after the money has been deposited into the Bank Account given on the VOID Cheque that was submitted by client.

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

Applicant's signature: _____ Date: _____

MAILED CHEQUE

Please provide the mailing destination below if you do not want a direct deposit.

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

PERSONAL INFORMATION FOR MAILED CHEQUE

Name: _____
Mailing Address: _____
Territory/Province: _____ Postal Code: _____

Applicant's signature: _____ Date: _____