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 – Shiloh: 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 outside of NWT

1. The applicant must be **Indigenous Métis** from the South Slave Region.

2. The applicant must be registered with the NWT Métis Nation Registries Department:

   NWT Métis Nation - Registries Officer: Phone: (867) 872-4044 / Cell: (867) 872-0081
   Fax: (867) 872-2772 / Email: registries@nwtmetis.ca

3. Applicant must seek other funding sources within the province you are residing before applying with the NWT Métis Nation (ex: Metis Councils, Education funding within the Government of Province may be available if attended any schools in that province). Also 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): 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. ***(Short notice applicants, there will be a delay to receive bursary)***	**1 Full month prior to the Start of the course date**

Please refer to page 2 for the 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 the 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 **Driver's License** for proof of residency. 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 **Indigenous Métis Card**. If you do not have one, contact the NWT Metis Nation 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 letter will need to be updated every 5 years.
- ☐ Attach a copy of your **acceptance/rejection letter** from any other funding agency which indicates you have looked for alternative funding sources before applying with us.
- ☐ Attach a copy of your **Confirmation of Enrollment letter** that confirms the 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 the originals on file (High school transcripts/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 signed copy of the College/University **Confidential Release form** for our files.

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 by phone. **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 ☐ No ☐	Are you currently receiving Employment Insurance?	$_____ bi-weekly
Yes ☐ No ☐	Have you received Employment Insurance within the past 60 months (5 years)	
Yes ☐ No ☐	Have you received maternity / paternity benefits in the past 60 months (5 years)?	
Yes ☐ No ☐	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: ☐ Male: ☐ Unspecified: ☐	Date of Birth: day / month / year / /
Social Insurance Number:	Do you own a vehicle?	Driver's License: Yes ☐ No ☐ Class #:____ Province: Expires: dd / mm / yyyy

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

☐ 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? ☐ Yes ☐ No

Will your spouse be: ☐ Working ☐ Going to school ☐ Unemployed

If spouse is working, Spouse works: ☐ Full time ☐ Part-time ☐ Casual

Aboriginal Status:

☐ Métis ☐ Inuit ☐ First Nations ☐ Non-Aboriginal ☐ Other:

Main Language Spoken:	Other Language spoken:	Do you have a disability, or do you suspect that you have a disability? ☐ Yes ☐ No If yes, what kind?

Permanent mailing address

P.O. Box # / Street, Apt.:	Town/City:	Province:
Postal Code:	Cell Phone: ( )	Email:

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 Employment and Training? Yes _____ No _____

If so, by whom: _____

EMPLOYMENT HISTORY:

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

1. Employer:	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. Employer:	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	
Getting a job or getting 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: 1st 2nd 3rd 4th of _____ years of school	Start Date: day/month/year / /
College/University:	Town/City:	End Date: day/month/year / /
Type of Program: ☐ License ☐ Certificate ☐ Diploma ☐ Degree ☐ Bachelors ☐ Masters ☐ Doctorate		
Attending: ☐ Full Time ☐ Part Time	Semester/Term: ☐ Fall ☐ Winter ☐ Spring/Summer	

Has your funding been suspended/terminated within the previous five years with SFA, Service Canada or other funding agencies?

☐ Yes ☐ No If yes, When? month / year

Why and how much do you owe? _____

Main reason given in the Letter of Suspension/Termination

Did you try to get funding from other funding agencies within your province before applying with us?

☐ Yes ☐ No

If not, why?

_____

Did you attach your acceptance/rejection letter from other funding sources? ☐ Yes ☐ No

If not, why?

_____

Did you attach your school acceptance or confirmation of enrollment letter? ☐ Yes ☐ No

If not, 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, Government funding, 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/or NWT Métis Nation Education and Training.**

Description of Expense	Actual / Estimated Cost				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:

RELEASE INFORMATION TO

1. First Name:	Last Name:	Phone:
Relationship with you:		
2. First Name:	Last Name:	Phone:
Relationship with you:		
3. First Name:	Last Name:	Phone:
Relationship with 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): □ Akaitcho Territory Government □ Dehcho Settlement Area □ Gwich'in Settlement Area (treaty or Métis) □ Northwest Territory Métis Nation □ Sahtu Settlement Area □ Tilcho Settlement Area □ 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

CONSENT TO CONSULT

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

- 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

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

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 Employment and Training.

3. I hereby consent to the sharing of any information within the funding application to the Métis Council President. Any other information request will require written approval from the applicant.

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 Employment 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**

Northwest Territory Métis Nation Education and Training
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867-872-3630 or 867-872-2770 ext. 1014/Fax 867-872-5453

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 hold 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 the applicant.

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:** _____