



APPLICATION FOR FUNDING

Date Received: _____

Aboriginal Skills & Employment Program / Funding
 Scholarship Bursary Graduation Gift Childcare
 Funded by NWT - SFA Other Agency:

1. PERSONAL INFORMATION

Name:		Date of Birth:
Beneficiary #	SIN #	Healthcare #
<input type="checkbox"/> Gwich'in	<input type="checkbox"/> Dene	<input type="checkbox"/> Métis
<input type="checkbox"/> Inuit	<input type="checkbox"/> Other:	
Home address:		
Community:	Territory/Province:	Postal Code:
Cheque mail address:		
Community:	Territory/Province:	Postal Code:
Ph:	Fax:	E-mail:

Dependant:		Relationship to you:			
Date of Birth:	<input type="checkbox"/> Gwich'in	<input type="checkbox"/> Dene	<input type="checkbox"/> Métis	<input type="checkbox"/> Inuit	<input type="checkbox"/> Other
Dependant:		Relationship to you:			
Date of Birth:	<input type="checkbox"/> Gwich'in	<input type="checkbox"/> Dene	<input type="checkbox"/> Métis	<input type="checkbox"/> Inuit	<input type="checkbox"/> Other
Dependant:		Relationship to you:			
Date of Birth:	<input type="checkbox"/> Gwich'in	<input type="checkbox"/> Dene	<input type="checkbox"/> Métis	<input type="checkbox"/> Inuit	<input type="checkbox"/> Other
Dependant:		Relationship to you:			
Date of Birth:	<input type="checkbox"/> Gwich'in	<input type="checkbox"/> Dene	<input type="checkbox"/> Métis	<input type="checkbox"/> Inuit	<input type="checkbox"/> Other

2. ELEMENTARY, SECONDARY, POST-SECONDARY EDUCATION

Elementary School:	Community:
Highest Grade Completed:	Year:
High School:	Community:
Highest Grade Completed:	<input type="checkbox"/> Academic <input type="checkbox"/> General <input type="checkbox"/> GED Year:
Institution:	Location:
Program:	From: To:
<input type="checkbox"/> Licence <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Undergraduate <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate	
Institution:	Location:
Program:	From: To:
<input type="checkbox"/> Licence <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Undergraduate <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate	

3. EMPLOYMENT HISTORY

Employer:	Location:
Position Title:	From: To:
Employer:	Location:
Position Title:	From: To:
Employer:	Location:
Position Title:	From: To:
<input type="checkbox"/> Currently receiving EI Benefits <input type="checkbox"/> Received EI in past 3 years	
<input type="checkbox"/> Confirmation Pending	

4. EMPLOYMENT (employed spouse, if applicable)

Employer:	Location:
Position Title:	From: To:

5. GTC EDUCATION & TRAINING FINANCIAL ASSISTANCE

Have you received GTC Education & Training Financial Assistance before?	<input type="checkbox"/> No	<input type="checkbox"/> Yes ↗
Institution:	Program:	
From: To:	Funding Received:	

Do you have any health or physical issues that may prevent you from participating in work, training, upgrading, job search or employment counselling?	<input type="checkbox"/> No
	<input type="checkbox"/> Yes ↻
Provide details:	
Do you agree to random drug-testing both prior to entering the program and at any time while accessing the benefits of the ARHDA program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Valid Driver's Licence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Access to Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No

Are you willing to relocate for training or employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No ↻
Explain:		
Are there any other reason(s) you would not be able to effectively participate in employment / training activities?	<input type="checkbox"/> No	<input type="checkbox"/> Yes ↻
Provide details:		

6. INSTITUTION AND PROGRAM APPLIED FOR

Institution:		
Program:		
Location:		<input type="checkbox"/> Accepted <input type="checkbox"/> Confirmation Pending
<input type="checkbox"/> Licence	<input type="checkbox"/> Certificate	<input type="checkbox"/> Diploma <input type="checkbox"/> Degree
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Distance Education
Begins:	End:	Year __ of Study of __-Year Program
Contact Official:		Title:
Ph:	Fax:	E-mail:

7. **FUNDING REQUESTED** (specify amounts)

Travel: \$	Accommodations: \$	Meals: \$
Tuition: \$	Books: \$	Equipment: \$
Other: \$	Other: \$	TOTAL: \$

8. **MONTHLY BUDGET** (indicate amounts)

INCOME			EXPENSES		
Budget Item	4 Months Before School	Monthly While in School	Expense Item	4 Months Before School	Monthly While in School
Employment	\$	\$	Rent	\$	\$
SFA	\$	\$	Utilities	\$	\$
Employment Insurance	\$	\$	Food	\$	\$
Income Support	\$	\$	Transportation	\$	\$
Gwich'in Tribal Council	\$	\$	Tutoring:	\$	\$
Other:	\$	\$	Other	\$	\$
Other:	\$	\$	Other:	\$	\$
TOTAL	\$	\$	TOTAL	\$	\$

9. **CHILDCARE SUBSIDY** (for children under 5 years of age)

Name of Child:	Age:	Monthly cost: \$
Name of In-Home Caregiver/Daycare/Preschool:		
Name of Child:	Age:	Monthly cost: \$
Name of In-Home Caregiver/Daycare/Preschool:		
Name of Child:	Age:	Monthly cost: \$
Name of In-Home Caregiver/Daycare/Preschool:		

10. CAREER PLAN

What is your career objective?
How will the training enhance your employment opportunities or improve your current employment skills?
How long will it take to achieve your career objective (include all training and work experience)?
What have you done to achieve your career objective (include school courses, training received, work experience)?

11. PAYMENTS AND FINANCIAL TRANSACTION

<input type="checkbox"/> Forward payments to my mailing address	<input type="checkbox"/> Deposit payments into my bank account ↗	
Financial Institution:		
Mailing address:		
Community:	Territory/Province:	Postal Code:
Institution #	Branch #	Account #
Names(s) of Account Holder(s):		

NOTE: We cannot accept Credit Card or Line of Credit accounts

NOTE: Bursary, Scholarship and Graduation Gift cheques will not be deposited.

12. DECLARATION and CONSENT

I declare that the information provided in this application is complete and accurate to the best of my knowledge. I understand that any false statement or information may result in the termination of Aboriginal Human Resources Development Agreement (AHRDA) benefits, the recovery of ARHDA benefits paid, and ineligibility to receive further ARHDA funding.

I authorize GTC Education & Training Programs to request information and documentation from any educational institution regarding my academic attendance, progress and official transcripts. I consent to the sharing of information from any government agency regarding employment status and revenue earned or collected by me or by my spouse.

I understand that the applicable information collected is required under the Aboriginal Human Resources Development Agreement signed between the Gwich'in Tribal Council and Human Resources Development Canada.

Signature

Date

CONTACT / MAIL:

Administrative Assistant
Gwich'in Services
Gwich'in Tribal Council
PO Box 1509 Inuvik NT X0E 0T0
Ph: 867-777-7925 Fax: 867-777-7955
E-mail : gfirth @ gwichin.nt.ca