



APPLICATION FOR FUNDING

Date Received: _____

Check all boxes required

<input type="checkbox"/> Aboriginal Human Resource Development Agreement / Funding		<input type="checkbox"/> Top up Bursary	
<input type="checkbox"/> Scholarship	<input type="checkbox"/> Bursary	<input type="checkbox"/> Graduation Gift	<input type="checkbox"/> Childcare
<input type="checkbox"/> Persons with Disability	<input type="checkbox"/> Funded by NWT – SFA (check box if applied to NWT SFA)		
<input type="checkbox"/> Other Agency (identify agency source):			

1. PERSONAL INFORMATION

Name:		Date of Birth:	
Beneficiary #		SIN #	
<input type="checkbox"/> Gwich'in	<input type="checkbox"/> Dene	<input type="checkbox"/> Métis	<input type="checkbox"/> Inuit
<input type="checkbox"/> Other:			
Home mail address (permanent):			
Community:		Territory/Province:	Postal Code:
Phone #:	Fax #:	E-mail:	
School mail address (while attending school):			
City/Community:		Province/Territory:	Postal Code:
Phone #:	Fax #:	School 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:

8. **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:	\$	\$
Student's Contribution (10%)	\$	\$	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 accounts 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 Skills & Employment Program (ASEP) or Aboriginal Human Resources Development Agreement (AHRDA) benefits, the recovery of ASEP or ARHDA benefits paid, and ineligibility to receive further ASEP or 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 (Beneficiary Services)
Education & Training Department
Beneficiary Services
Gwich'in Tribal Council
PO Box 1509 Inuvik NT X0E 0T0
Ph: 867-777-7925
Fax: 867-777-7955
E-mail : gforth@gwichin.nt.ca