



Métis Settlements Strategic Training Initiatives Society

FUNDING APPLICATION CHECKLIST

USE THIS CHECKLIST TO ENSURE YOU HAVE COMPLETED AND SUBMITTED ALL
REQUIRED DOCUMENTATION:

- Letter of Acceptance from Education Institution detailing:
 - Program of Study
 - Start and end dates of program
 - Tuition and fees breakdown
 - Books and supplies breakdown

- Program Outline

- Special Costs supported by letter from the education institution

- Letter from education institution detailing any practicum that may be required by your program including cost, dates, etc.

- Transcripts/Certificates – this applies only to students going into the 2nd, 3rd, etc year of study in a multi year program.

- MS STI application – please ensure that you have completed all questions (mark any that do not apply as N/A)

- MS STI Career and Employment Counseling Questionnaire – please ensure that you have completed all questions (mark any that do not apply as N/A)

- Copies of Birth Certificates, Guardianship Orders, etc for dependant children you have included in your application.

Please be advised that failure to submit all required information will result in a delay of the sponsorship process as your file will be considered incomplete for assessment.

Our Land — Our Culture — Our Future



SPRONSORSHIP APPLICATION PACKAGE



Human Resources and
Skills Development Canada

Ressources humaines et
Développement des compétences Canada

MÉTIS SETTLEMENTS STRATEGIC TRAINING INITIATIVES SOCIETY (STI)

SPONSORSHIP APPLICATION

EVERY MÉTIS PERSON PHYSICALLY RESIDING ON A SETTLEMENT OR A SETTLEMENT MEMBER ON AN AUTHORIZED LEAVE OF ABSENCE HAS THE RIGHT TO COMPLETE AND SUBMIT AN STI APPLICATION

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY. WHEN COMPLETING YOUR APPLICATION, PLEASE USE INK AND PRINT CLEARLY.

<p><u>WHEN SUBMITTING AN APPLICATION</u> <u>YOU MUST:</u></p> <p>Submit your fully completed application AT LEAST 30 DAYS prior to the start date of your course.</p> <p>Submit all supporting documentation prior to approval of your application. (Acceptance Letter, Course & Book costs etc)</p> <p>Failure to provide all required information will result in a delay in the review and approval of your application.</p>	<p><u>IF YOUR APPLICATION IS SUCCESSFUL:</u></p> <p>You must participate in an in-depth career counseling session that results in a signed Client Action Plan.</p> <p>Please note that STI in its absolute discretion, may require repayment in full or in part, any bursary paid to you and on your behalf, for failure to complete the goals agreed to in your Client Action Plan.</p>
<p>APPEAL PROCESS:</p>	<p>If your application is denied for any reason other than (a) insufficient funds, (b) an STI Community Policy, or (c) you are in arrears to STI for funds that you were required to repay, you may submit a written appeal to STI Central Office. All appeals should be addressed: ATTENTION Director of STI and marked "CONFIDENTIAL".</p>
<p>TAXABLE INCOME:</p>	<p>The amount of Bursary paid to you and on your behalf to a third party from STI in each calendar year is classified as TAXABLE INCOME under the Income Tax Act (Canada, 1972). You will receive a T4A form from STI indicating the funds you received. You are required to report these funds on your annual Income Tax return and YOU WILL BE RESPONSIBLE FOR ANY INCOME TAXES DUE AND OWING TO CANADA REVENUE AGENCY.</p>

PERSONAL INFORMATION DISCLOSURE STATEMENT

The personal information collected in the enclosed application form is being collected for the purpose of determining and verifying eligibility for, and the general administration and enforcement of, STI Program(s), unless otherwise disclosed herein. The information will not be disclosed to any other person or organization or for any other purpose except as authorized by the *Freedom of Information and Protection of Privacy Act (Alberta)* and the *Privacy Act (Canada)*.

Collection of this information is authorized by Part 2, Division 1 of the *Freedom of Information and Protection of Privacy Act (Alberta)* and Section 4 of the *Privacy Act (Canada)*.

You have the right under the *Freedom of Information & Protection of Privacy Act (Alberta)* and the *Privacy Act (Canada)* to obtain access to your information.

For further information on the collection of, use of, and access to this information please write or phone the FOIP Officer at STI CENTRAL Office: SUITE 101, 10335-172 STREET, EDMONTON, ALBERTA, T5S 1K9. Ph: 780-822-4096 Toll Free 1-888-213-4400.

AUTHORIZATION/CONSENT

I, _____, hereby authorize any financial or educational institution, government agency, public body or other organization or person in possession of personal information concerning me, including but not limited to, Government of Canada, the Student Finance Board, a Métis Settlement, my current and former employers, to disclose this information to STI for the purpose of determining and verifying eligibility for, and the general administration and enforcement of, STI program(s). This authorization/consent is valid for the calendar year prior to the year of signature and each subsequent calendar year for which assistance is requested.

If you would like someone other than yourself (i.e. your spouse, parent, etc) to access your information on your behalf from STI, please complete the following statement. This authorization will remain in effect until a written cancellation is submitted to STI.

I, _____, hereby authorize STI to release information regarding my application and/or sponsorship to _____ and/or _____

SIGNATURE OF APPLICANT: _____ DATE _____

STI FILE #

PROGRAM INFORMATION

APPLICATION TYPE: MARK ALL THAT APPLY

- ON-SETTLEMENT TRAINING OFF-SETTLEMENT TRAINING 1 YEAR CERTIFICATE PROGRAM
- YOUTH INITIATIVE GROUP TRAINING PROJECT 2 YEAR DIPLOMA PROGRAM
- APPRENTICESHIP/TRADES UPGRADING 3 YEAR UNIVERSITY DEGREE
- OTHER _____ 4 YEAR UNIVERSITY DEGREE

HAVE YOU RECEIVED STI FUNDING BEFORE? YES NO IF YES, WHEN? _____

EDUCATION PROGRAM INFORMATION:

PROGRAM/FACULTY OF STUDIES _____ YEAR _____ OF A _____ YEAR PROGRAM

NAME AND ADDRESS OF EDUCATIONAL INSTITUTION: _____ SCHOOL CONTACT (NAME & TELEPHONE NUMBER) _____

PROGRAM START DATE _____ PROGRAM END DATE _____

DOES YOUR PROGRAM INCLUDE A PRACTICUM? YES NO IF YES, WHEN? _____

YOU WILL BE ATTENDING FULL-TIME PART-TIME PROJECTED GRADUATION DATE _____

STUDENT IDENTIFICATION NUMBER _____

PERSONAL INFORMATION

LAST NAME _____ SOCIAL INSURANCE # _____

FIRST NAME & INITIAL _____ BIRTHDATE _____

GENDER MALE FEMALE PREFERRED SPOKEN LANGUAGE _____

ARE YOU LEGALLY ENTITLED TO WORK IN CANADA? YES NO

IF YOU ARE NOT A CANADIAN CITIZEN, PLEASE PROVIDE DOCUMENTATION THAT LEGALLY ENTITLES YOU TO WORK IN CANADA.

HOME SETTLEMENT _____

AT TIME OF APPLICATION ARE YOU CURRENTLY RESIDING IN YOUR HOME SETTLEMENT? YES NO

IF NO, LENGTH OF TIME YOU HAVE BEEN LIVING AWAY FROM YOUR HOME SETTLEMENT? _____

DO YOU HAVE A CURRENT LEAVE OF ABSENCE FROM YOUR HOME SETTLEMENT? YES NO

CURRENT MAILING ADDRESS

SETTLEMENT/PERMANENT ADDRESS (IF DIFFERENT)

BOX/STREET ADDRESS _____ BOX/STREET ADDRESS _____

CITY/TOWN _____ CITY/TOWN _____

PROVINCE _____ POSTAL CODE _____ PROVINCE _____ POSTAL CODE _____

TELEPHONE _____ TELEPHONE _____

WHERE WOULD YOU LIKE YOUR T4A MAILED TO? CURRENT ADDRESS SETTLEMENT ADDRESS

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FAMILY INFORMATION

MARITAL STATUS SINGLE COMMON-LAW DIVORCED WIDOWED
 MARRIED SINGLE PARENT SEPARATED

MAIDEN NAME (if applicable) _____ SPOUSE'S NAME (if applicable) _____

NUMBER OF DEPENDANT CHILDREN Please complete the required information below and attach all relevant documents. (i.e.: birth certificates, guardianship orders, etc)

CHILDS FULL NAME	RELATIONSHIP TO APPLICANT	CHILDS AGE	CHILDCARE REQUIRED?	COMMENTS

FINANCIAL INFORMATION

ARE YOU CURRENTLY: EMPLOYED IS YOUR SPOUSE EMPLOYED
 UNEMPLOYED CURRENTLY: UNEMPLOYED
 ATTENDING SCHOOL ATTENDING SCHOOL
 RECEIVING SOCIAL ASSISTANCE RECEIVING SOCIAL ASSISTANCE

MONTHLY EXPENSES		MONTHLY INCOME/RESOURCES	
HOUSING & UTILITIES		WAGES/SALARY AFTER DEDUCTIONS	
FOOD/PERSONAL CARE		SPOUSE'S INCOME AFTER DEDUCTIONS	
CLOTHING		CONTRIBUTIONS FROM OTHER SOURCES	
TRANSPORTATION		CHILD SUPPORT/ALIMONY	
CHILD CARE		GRANTS/SCHOLARSHIPS	
EXCEPTIONAL EXPENSES (i.e. Medical etc) - list		OTHER GOVERNMENT FUNDING - list	
TOTAL MONTHLY EXPENSES	<input type="text"/>	TOTAL MONTHLY INCOME/RESOURCES	<input type="text"/>

EDUCATION COSTS - attach supporting documents		OTHER - list (Special costs/fees)	
TUITION FOR THIS SCHOOL YEAR			
INSTITUTION FEES (i.e. Student Union, etc)			
BOOKS/SUPPLIES/INSTRUMENTS			

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EI INFORMATION

	YES	NO	IF YES, WHEN?
ARE YOU CURRENTLY RECEIVING EMPLOYMENT INSURANCE (EI) BENEFITS?			
HAVE YOU RECENTLY APPLIED FOR EI BENEFITS?			
HAVE YOU RECEIVED REGULAR EI BENEFITS WITHIN THE LAST 3 YEARS			
HAVE YOU RECEIVED MATERNITY/PATERNITY EI BENEFITS WITHIN THE LAST 5 YEARS?			

DOCUMENT CHECKLIST

HAVE YOU PROVIDED ALL REQUIRED DOCUMENTATION?

PLEASE COMPLETE THE FOLLOWING CHECKLIST	Enclosed	To Be Forwarded	Received	Date
COPIES OF INSTITUTION REGISTRATION/PRE-REGISTRATION AND OTHER ASSOCIATED COSTS				
PROOF OF OTHER FUNDING FROM OTHER SOURCES				
PROOF OF SPONSORSHIP REFUSAL FROM OTHER SOURCES				
ANY DIPLOMAS/DEGREES/CERTIFICATES/TRADES ETC				

ADDITIONAL COMMENTS

CERTIFICATION OF INFORMATION

I hereby certify that the information provided in this application is true, accurate, and complete. I understand that incorrect or incomplete reporting may result in receiving funds to which I am not eligible and I will be required to repay them. I also understand that I may be ineligible to apply for funding for a period of one year or more following the date of this application.

SIGNATURE OF APPLICANT (IN INK):

DATE:

STI WOULD LIKE TO GRATEFULLY ACKNOWLEDGE THE FEDERAL GOVERNMENT OF CANADA (HRSDC) AS THE MAIN FUNDING PARTNER IN THE PROVISION OF TRAINING AND EDUCATION OPPORTUNITIES TO MÉTIS SETTLEMENT RESIDENTS. INFORMATION CONTAINED IN THIS APPLICATION MAY BE RELEASED TO HRSDC AS PER THE CONTRIBUTION AGREEMENT(S).

STI FILE #

MÉTIS SETTLEMENTS STRATEGIC TRAINING INITIATIVES SOCIETY (STI)

CAREER & EMPLOYMENT COUNSELING QUESTIONNAIRE

NAME _____

DATE _____

UPON APPROVAL OF SPONSORSHIP APPLICATION, THIS QUESTIONNAIRE MUST BE COMPLETED.

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY. WHEN COMPLETING THIS QUESTIONNAIRE, PLEASE USE INK AND PRINT CLEARLY.

PERSONAL INFORMATION DISCLOSURE STATEMENT

The personal information collected in the enclosed questionnaire is being collected for the purpose of the administration, delivery, and enforcement of STI Program(s). The information will not be disclosed to any other person or organization or for any other purpose except as authorized by the Freedom of Information and Protection of Privacy Act (Alberta) and the Privacy Act (Canada).

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EDUCATION INFORMATION

HIGHEST LEVEL OF EDUCATION COMPLETED _____ IN WHICH PROVINCE _____

PLEASE LIST ANY CERTIFICATES/DIPLOMAS/DEGREES/TRADES THAT YOU HAVE RECEIVED (Please attach copies to this application):

PROGRAM/DISCIPLINE: _____ YEAR COMPLETED: _____

PROGRAM/DISCIPLINE: _____ YEAR COMPLETED: _____

PROGRAM/DISCIPLINE: _____ YEAR COMPLETED: _____

TRANSPORTATION INFORMATION

DO YOU HAVE A VALID DRIVERS LICENSE (CLASS 5 OR HIGHER) YES NO CLASS(S) _____

DO YOU POSSESS YOUR OWN TRANSPORTATION YES NO

DISABILITIES INFORMATION

DO YOU HAVE A LONG-TERM DISABILITY? YES NO IF YES, PLEASE CHECK ALL THAT APPLY TO YOU:

- HEARING, SPEAKING, SIGHT, MOBILITY/AGILITY, MENTAL/PSYCHOLOGICAL, ATTENTION DISORDER, DEVELOPMENTAL DELAY, HIGH BLOOD PRESSURE, EPILEPSY, DYSLEXIA(READING DISORDER), CANCER, DIABETES, CHRONIC HEART CONDITION, KIDNEY/ULCER/STOMACH, ASTHMA/RESPIRATORY CONDITION, ARTHRITIS, FASD/FAE/ARND, OTHER - PLEASE SPECIFY

DO YOU REQUIRE ANY TYPE OF SUPPORTIVE EQUIPMENT? SUCH AS:

- WHEELCHAIR, CANE, HEARING AIDE, CORRECTIVE LENSES, BRACE, OTHER

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DISABILITIES INFORMATION (CONTINUED)

DOES YOUR DISABILITY INTERFERE WITH YOUR ABILITY TO PURSUE EMPLOYMENT OR FURTHER EDUCATION? PLEASE EXPLAIN:

PLEASE DESCRIBE ANY ISSUES, CONCERNS, OR SUPPORTIVE NEEDS THAT YOU HAVE. IF YOU REQUIRE MORE SPACE, PLEASE ATTACH A SEPARATE PAGE.

WOULD YOU LIKE TO SPEAK TO A DISABILITIES ADVOCATE? YES NO MAYBE

EMPLOYMENT BARRIERS

DO ANY OF THE FOLLOWING EMPLOYMENT BARRIERS APPLY TO YOU? YES NO

PLEASE CHECK ALL THAT APPLY TO YOU:

- OUT OF THE WORK FORCE FOR MORE THAN 3 YEARS
- LACK OF WORK EXPERIENCE
- LACK OF TRANSPORTATION
- LIVE IN A REMOTE AREA-LIMITED ACCESS TO EMPLOYMENT
- ENGLISH AS A SECOND LANGUAGE
- INSUFFICIENT EDUCATION
- UNABLE TO PURCHASE REQUIRED EQUIPMENT
- DO NOT HAVE ACCESS TO CHILD CARE
- PHYSICAL OR MENTAL DISABILITY
- OTHER _____

EMPLOYMENT SKILLS HISTORY

PLEASE PROVIDE PRIOR EMPLOYMENT INFORMATION (if there is not sufficient space provided please attach an additional sheet). PLEASE BE AS SPECIFIC AS POSSIBLE.

OCCUPATION _____ WHEN? _____

SKILLS REQUIRED _____

OCCUPATION _____ WHEN? _____

SKILLS REQUIRED _____

OCCUPATION _____ WHEN? _____

SKILLS REQUIRED _____

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EMPLOYMENT INFORMATION

PRESENT: Please describe your current employment situation:

FUTURE: Describe how you plan to overcome you employment needs:

EMPLOYMENT GOALS

FUTURE EMPLOYMENT GOAL: Please describe your employment goal:

TYPE: [] FULL TIME (FT) [] PART TIME (PT) [] TEMP FT [] TEMP PT
[] CASUAL [] SELF EMPLOYED [] OTHER
DURATION: [] PERMANENT [] TEMPORARY [] SEASONAL
[] CONTRACT [] ON CALL [] OTHER
ARE YOU WILLING TO RELOCATE? [] YES [] NO [] MAYBE

OCCUPATION _____ INDUSTRY _____
SKILLS REQUIRED _____

ADDITIONAL COMMENTS

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