

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 MSSTI APPLICATION

## APPLICATION

Submit completed application 30 days prior to the beginning of your course. Incomplete or missing information may result in a delay in processing your application. The following supporting documentation must be submitted with your application:

- Acceptance Letter
- Cost of Tuition/Book/Fees
- Course Outline
- Career Investigation

## DISCLOSURE

The personal information collected on this application is being collected for the purpose of determining and verifying eligibility for, and the general administration and enforcement of the Métis Settlements Strategic Training Initiatives Society programs. The information will not be disclosed to any other person or organization 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 Par 2, Division 1 of the Freedom of Information

## AUTHORIZATION/CONSENT

I, \_\_\_\_\_, authorize any financial institution, government department or agency, public body or other organization or person holding personal information concerning me, included but not limited to, Revenue Canada, the Student Finance board, a Metis Settlement, My employer or former employers, to disclose this information to Métis Settlements Strategic Training Initiatives Society (MSSTI) for the purpose of determining and verifying eligibility for, and general administration and enforcement of, MSSTI programs. This authorization is valid for the calendar year prior to the year of signature and each subsequent calendar year for which assistance is requested.

**Signature of Applicant:** \_\_\_\_\_ **Date** \_\_\_\_\_

DATE:

FILE#:

### Personal Information

LAST NAME \_\_\_\_\_ GIVEN NAME \_\_\_\_\_

MIDDLE NAME \_\_\_\_\_ SOCIAL INSURANCE# \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ GENDER  Female  Male

HOME SETTLEMENT \_\_\_\_\_ YEARS OF RESIDENCE \_\_\_\_\_

LEAVE OF ABSENCE? \_\_\_\_\_ LENGTH OF TIME AWAY \_\_\_\_\_

LANGUAGES SPOKEN \_\_\_\_\_

MARITAL STATUS  Single  Married  Common-law  Separated  Divorced  Widowed

MAIDEN NAME (if applicable) \_\_\_\_\_ SPOUSE'S NAME (if applicable) \_\_\_\_\_

### Address

#### SETTLEMENT/PERMANENT ADDRESS

#### MAILING ADDRESS

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Cellular \_\_\_\_\_

Email Address \_\_\_\_\_

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

### Dependents

CHILDS FULL NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	CHILDCARE REQUIRED	Copy of health card of any/all dependents Comments

### Benefits

	NO	YES	If yes when
Have your previously received funding from MSSTI and/or Settlement			
Have you applied for, or are you receiving Employment Insurance			
Have you received Benefits in the last 3 years			
Are currently receiving Alberta Works Income support			

Have you applied for funding elsewhere if so – Where? \_\_\_\_\_

## Service Requirements

**Do you require assistance with?**

- Career Decision Making    
  Skills Enhancement    
  Essential Skills    
  Academic Upgrading  
 Certificate Skills Training    
  Apprenticeship    
  Work Experience    
  Student Employment  
 Self-Employment    
  Career Planning    
  Job Search preparation, supports or referrals

**To help us serve you better, check any barriers that may apply to you**

- Out of the workforce for more than 3 years    
  Require Work Experience    
  Require Childcare  
 Require Transportation    
  Require Further Training    
  Require Further Education    
  Legal issues  
 Housing    
 Finances    
 Substance Abuse    
 Language    
 Other

## Program

**Application type:**

- On- Settlement training  
 Off Settlement training  
 Apprenticeship  
 Upgrading  
 Continuing Program from Previous year  
 Other \_\_\_\_\_

Have you received previous funding?  Yes  No  
 If yes complete the following:  
 Program Name \_\_\_\_\_  
 Dates \_\_\_\_\_  
 Who funded you \_\_\_\_\_  
 Did you successfully complete the program?  Yes  No

Program/ Faculty of Studies \_\_\_\_\_

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date \_\_\_\_/\_\_\_\_/\_\_\_\_ year \_\_\_\_ of a \_\_\_\_ year program

Name and Address of Educational Institution:

School Contact:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your program include a practicum? \_\_\_\_\_ if yes, When? \_\_\_\_\_ to \_\_\_\_\_

You will be attending:  Full-time      Yes  No Part-time     Projected graduation date: \_\_\_\_\_

## Education

Highest level of education completed \_\_\_\_\_ Province \_\_\_\_\_

Other Training/Skills/diplomas/degrees/trades/certifications

Program/discipline _____	Year Completed _____
Program/discipline _____	Year Completed _____
Program/discipline _____	Year Completed _____
Program/discipline _____	Year Completed _____

## Employment

Please describe your Present employment situation:

### Employment History – or attach current resume

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Job Title: \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Skills/Duties \_\_\_\_\_

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Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Job Title: \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Skills/Duties \_\_\_\_\_

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Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Job Title: \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Skills/Duties \_\_\_\_\_

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## Trades Information

Trade \_\_\_\_\_ Level \_\_\_\_\_ Union Member  No  Yes



## Budget Worksheet

		PROGRAM	
HOUSING			EMPLOYEMENT
HEAT/ ELECTRIC			SAVINGS
TELEPHONE/INTERNET			SOCIAL ASSIST.
GROCERIES			EMPLOY. INS.
TRANSPORTATION			STUDENT AID
INSURANCE			OTHER
PERSCRIPTIONS/HEALTH			OTHER
CLOTHING			
TOILETRIES			
LOANS			
CREDIT CARDS			
CHILD CARE			
OTHER			
OTHER			
OTHER			
<b>TOTAL EXPENSES</b>			<b>TOTAL INCOME</b>

## APPEAL PROCESS

If your application is denied for any reason other than:

- Insufficient funds
- An MSSTI Community policy, or
- You are in arrears to MSSTI for funds you were required to repay you may submit a written appeal to MSSTI central Office.

All appeals should be addressed: Attention Director of MSSTI and marked “confidential.”  
Suite 205, 10335 – 172 Street  
Edmonton, AB T5S 1K9

## TAXABLE INCOME

The amount of Bursary paid to you or on your behalf to a third party from MSSTI in each calendar year is classified as **TAXABLE INCOME** under the Income Tax Act (Canada, 1972). You will receive a T4A form indicating the funds you have 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.**

