



APPLICATION FOR SKILLS DEVELOPMENT FUNDING

Degree Program
(University – Bursary)

Application Deadline: April 1

Certificate or Diploma Program
(College or University)

Application Deadline: April 1

Please complete all sections.

A. Personal Information

Name:

Current Address:

Permanent Address:

Mail should be sent to: Permanent Address

Current Address:

Email:

Social Insurance Number:

Telephone:

Alternate Telephone Number:

Membership Number:

Expiry Date:

Date of Birth (M/D/Y):

Gender:

Are you a person with a disability? Yes No
If so, please specify:

Marital Status: Single Married Common-Law

High School graduation or equivalent and year of completion: Yes No

B. Institution/Training Information

Course Applied For:

Institution:

Location:

School Type: Private Public

Semesters for which you are requesting funding: Fall

Winter Spring Summer

Program Start Date:

Program End Date:

Have you been accepted: Yes No Conditionally Accepted:
(Please submit documentation showing that you have applied and/or been accepted)

Do you have previous post-secondary training? Yes No

If yes, please specify training and institution:

Length of Training

Completion Date:

C. Other Information

Have you applied for or been approved for funding assistance from another agency?

Applied: Yes No Approved: Yes No

Please specify agency:

While in training, will you be living at home? Yes No

If no, will you be maintaining your home as well as an additional residence? Yes No

Upon completion of your training, are you willing to relocate for work, if necessary: Yes No

Cost Breakdown Per Academic Year

(Please provide proof of course cost from the Training Institution)

Institution	Cost	Personal	Cost
Tuition		Rent	
Books		Clothes	
Equipment and Materials		Groceries	
Health and Dental		Social Life	
Mandatory Fees		Credit Card/Loans	
Other		Personal Expenses	
Other		Transportation	
Other		Childcare	
Other		Insurance	
Other		Utilities	
Other		Other	
TOTAL		TOTAL	

Notes:

Are you responsible for the support of dependents? Yes No

(please see section 4.9 of the program guidelines for definition of dependents)

If yes, list dependents below:

Dependents Name Relationship Age

What financial support will you have while attending school? (i.e. scholarships, parents, loans, other)

Have you applied for a student loan (Canada/Provincial)? Yes No Have you been approved? Yes No

If yes, for how much?

If no, what was the reason?

Have you applied to NunatuKavut Community Council for funding in the past? Yes No

If yes, in what year and what was the program?

D. Career Path/Goal

Tell us about your career goal and the path you would take to work toward that goal.

E. Employment Information

Are you presently employed? Yes	No		
If yes, give your employer's name:		Occupation:	Hours/Week:
If no, your last employer:		Last date worked:	
Are you currently receiving Employment Insurance (EI)? Yes	No		
If yes, start date:	End Date		
Have you applied for EI? Yes	No	Have you received EI benefits in the last five years: Yes	No
Other sources of income:			
Do you receive Income Support? Yes	No	Worker's Compensation? Yes	No
Other? Please explain:			
What are your barriers to employment? (please check all that apply)			
Lack of labour force attachment		Physical, emotional or mental health	
Transportation		Education	
Economic		Lack of marketable skills	
Lack of work experience		Language	
Remoteness		Other	
Dependent care			

F. Declaration: Disclosure of Information

I am aware that the NunatuKavut Community Council (NCC) will share the information with Service Canada, the training institution and/or Advanced Education and Skills and that I consent to this disclosure for the purposes of eligibility, entitlement, progress and results.

By signing my name below, I am stating that the information provided in this application is true. I am also providing NCC the liberty to validate all information with the objective to make the best possible decision regarding my request.

In lieu of a written signature, my typed name on the form shall be considered my electronic signature, legal and binding.

Signature:

Date:

Witness:

Date:

NCC's mandate is to assist as many members as possible to obtain the necessary training for today's competitive job market. If you require assistance in filling out this application, please contact our office.

Please submit this application in one of two ways:

Mail:

NunatuKavut Community Council – ESD Dept
Suite 102, 169 Hamilton River Road
PO Box 460, Stn C
Happy Valley-Goose Bay, NL A0P 1C0

Email:

btuttauk@nunatukavut.ca (university)
drumbolt@nunatukavut.ca (college)

G. Checklists

Incomplete applications will not be assessed for funding. Please provide an updated resume and the following documents with your application.

Student Use:

High School Marks

School Acknowledgement/Acceptance

University/College Transcripts

Detailed Cost Breakdown (Section C)

Resume

Academic Audit (Bursary Applications Only)

Labour Market Research Form

Office Use ONLY:

This application will be assessed on the following criteria

Career Path

Labour Market Information

Educational Institution

NunatuKavut Membership

OFFICE USE ONLY

DATE APPLICATION RECEIVED:

APPLICATION: COMPLETE INCOMPLETE

ESD OFFICER SIGNATURE:

DATE:

ACKNOWLEDGEMENT LETTER SENT? YES NO

DATE: