

# shíshááh Nation Education, Training & Post-Secondary (ETAPS) Department



shíshááh Nation

Application for Funding: ISET Education Sponsorship

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## Funding Checklist

The following documentation is required to process a funding application for ISET Education Sponsorship (Post-secondary certificate/diploma programs up to 2 years):

- Copy of two (2) pieces of valid identification
- Current resume

### **Complete Application Package**

- Personal Information Form
- Training/Education Plan
- Budget Breakdown
- Signed Authorization to Obtain Information
- Program information including program start date and all program costs (e.g. tuition, textbooks, materials, supplies, exam fees, etc.)
- Contact information for Admissions Office and bookstore
- Letter of acceptance/conditional acceptance
- Completed Labour Market Research Package (if requested by ETAPS Coordinator)
- If applicable: a copy of the client's Employment Plan from the Ministry of Social Development and Poverty Reduction, prepared by your Employment Assistance Worker

### **If requesting child care supplement:**

- Most recent Notice of Assessment from Canada Revenue Agency
- Affordable Child Care Benefit (ACCB) eligibility form and child care program documentation including parent fees
- Any active parenting orders / agreements and proof of child maintenance payments (separated or divorced applicants).

**NOTE:** Please make your appointment with an ETAPS Coordinator well before the start date of your program as the application may take 4-6 weeks to complete from initial interview to approval. Once all required and supporting documentation is received, then it will take up to 5 business days for review and approval or denial. If you have any questions about this checklist, please contact your ETAPS Coordinator.

**Completed applications should be submitted to Donna Tack at [dtack@shishalh.com](mailto:dtack@shishalh.com)**

# shíshááh Nation Education, Training & Post-Secondary (ETAPS) Department



## Personal Information Form

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Please complete all sections thoroughly. Complete and accurate information is required to determine your eligibility

Section A PERSONAL IDENTIFICATION			
Last Name:		First Name:	
Preferred name:		Middle Initial:	
Preferred pronouns:		Preferred pronouns:	
<input type="checkbox"/> he/him		<input type="checkbox"/> she/her	
<input type="checkbox"/> they/them		<input type="checkbox"/> other:	
S.I.N.:		Birth Date (dd/mm/yyyy):	
Gender <input type="checkbox"/> Woman		<input type="checkbox"/> Man	
<input type="checkbox"/> Transgender		<input type="checkbox"/> Non-binary/non-conforming	
<input type="checkbox"/> Prefer not to answer			
Mailing Address:		City:	
		Prov:	
		Postal Code:	
Telephone #:		Message #:	
Email:			
Aboriginal status: <input type="checkbox"/> Registered Indian		<input type="checkbox"/> Non-Status	
<input type="checkbox"/> Inuit		<input type="checkbox"/> Metis	
Band Name:		Band Registry / Status Number:	
Marital Status: <input type="checkbox"/> Married / Common Law		<input type="checkbox"/> Single	
<input type="checkbox"/> Separated		<input type="checkbox"/> Divorced	
<input type="checkbox"/> Widowed			
Do you identify as having a physical or mental disability that affects your ability to perform daily tasks?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how does your disability restrict your performance of daily tasks? Please Explain:			
This section MUST be completed by all applicants			
Have you applied for or are you currently in receipt of Employment Insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you had an Employment Insurance Claim within the past five years?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you had a Parental or Maternity leave claim in the past five years?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your current source of income?			
<input type="checkbox"/> Social Assistance		<input type="checkbox"/> Student Loans	
<input type="checkbox"/> Pension		<input type="checkbox"/> Part-time Work	
<input type="checkbox"/> Full-time Work		<input type="checkbox"/> Other, please explain:	
Are you a Canadian citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Language Spoken? <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other: _____	
		Do you have a Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Class: _____	

Section B DEPENDENTS			
# of dependents living with you:		<input type="checkbox"/> n/a	
Dependent name		Birthdate (dd/mm/yyyy)	
		Childcare needed?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If applicable, what is your current source of childcare?			

**Section C EDUCATION AND TRAINING**

Highest Grade completed:	Year Completed:	Province/Country:
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Please list all degrees, trade levels, licenses, diplomas, certificates, or work tickets obtained:

List all adult basic education, post-secondary training and or courses that you have attended:

Institute/Organization	Location	Year	Course	Certificate, Diploma, Degree, Tickets	Completed?
					<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N

List any ISET funded programs you have previously participated in and the outcome or results for you.

Year	Program	Completed?	Outcome/Result
		<input type="checkbox"/> Y <input type="checkbox"/> N	
		<input type="checkbox"/> Y <input type="checkbox"/> N	
		<input type="checkbox"/> Y <input type="checkbox"/> N	

Are you currently attending school full time?  Yes  No

If yes, how many hours of school per week are you attending? \_\_\_\_\_ / week

Do you intend to return to school in the upcoming academic year/semester?  Yes  No

Have you left school to permanently join the workforce?  Yes  No

If yes, please explain:

**Section C EMPLOYMENT HISTORY**

Are you currently employed?  Yes  No

If yes, please provide details:  
 (check all that apply):  F/T  P/T  Casual / Temporary  Seasonal  Self-employed

List your most recent jobs

Job Title	FT/PT	Company Name	Start Date dd/mm/yyyy	End Date dd/mm/yyyy	Reason for Leaving

Section C	EMPLOYMENT HISTORY Continued
What is preventing you from finding work?	
Describe what you have done to find work:	

OFFICE USE ONLY	
ARMS Client #	ETAPS Coordinator:
<input type="checkbox"/> ACTIVE EI CLAIM <input type="checkbox"/> REACH BACK <input type="checkbox"/> CRF	Comments:

All information provided to us will be considered as supplied in confidence. Under certain circumstances some information may be released subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information, contact shíshálh Nation ETAPS department at 604-885-9404, PO Box 740, Sechelt, BC V0N 3A0.

- I declare that the foregoing information provided to the shíshálh Nation ETAPS department is, to my knowledge, true and complete and that it is subject to verification by shíshálh Nation and its representatives.
- I authorize the shíshálh Nation ETAPS Department to release application information with involved organizations, training institutions, and government agencies.
- I agree to immediately report any changes of residence, telephone, or other contact information to the shíshálh Nation ETAPS department

\_\_\_\_\_

**Client Signature**

\_\_\_\_\_

**Date**

# shísháhl Nation Education, Training & Post-Secondary (ETAPS) Department

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## Training/Education Plan

Applicant's Full Name:	Birthdate (dd/mm/yyyy)
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Program Information	
Name of training / course / program:	
Program start date (dd/mm/yyyy):	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Program end date (dd/mm/yyyy):	<input type="checkbox"/> In-person <input type="checkbox"/> Online/distance <input type="checkbox"/> Combination
Program duration:	Location:
Name of training organization:	
Address:	
Contact name:	Position:
Phone:	Email:
What are the expected outcomes that will be achieved from this training, course, or program?	
Why do you want to take this training, course, or program?	
How will the training, course, or program help you achieve your employment or career goals?	
Additional comments	

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## Budget Breakdown

ITEM	Details	Cost per term (4 months)	Cost per year
<b>Tuition, books and supplies</b>			
Application fee	one time only	\$	
Registration fee		\$	
Total Tuition fees	include breakdown below	\$	
Course #1		\$	
Course #2		\$	
Course #3		\$	
Course #4		\$	
Course #5		\$	
Mandatory school fees	e.g. student union fees	\$	
Books	max \$700/term	\$	
Supplies	max \$100/term	\$	
Other:		\$	
Other:		\$	
<b>Total tuition, books and supplies</b>		<b>\$</b>	<b>\$</b>
<b>Other expenses</b>			
Travel	1 trip home/month		
**Mileage	\$.59 X _____ total km	\$	
*Ferry	\$60 for car/driver. Add \$10/passenger	\$	
*Airfare/taxi/bus		\$	
Living allowance	Base rate: \$1600/month One dependent: \$1900/month Two dependents: \$2200/month Three or more dependents: \$2500/month (sN will pay for a max of 3 dependents)	\$	
Childcare	max \$300/month per child	\$	
<b>Total other expenses</b>		<b>\$</b>	<b>\$</b>
<b>Total funding requested</b>		<b>\$</b>	<b>\$</b>

**Please note: Clients are responsible for ensuring budget calculations are accurate and reflect eligible amounts**

\* Original receipts must be submitted at the end of each term

\*\*The ETAPS Department adheres to travel rates set by shíshálh Nation Chief and Council. These amounts are subject to change.

**Please contact your ETAPS Coordinator with questions about eligible costs**

# shísháhl Nation Education, Training & Post-Secondary (ETAPS) Department

## Authorization to Obtain Information (ISET Clients)



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The following individual is/or was a sponsored student of the shísháhl Nation.

Name of Client: \_\_\_\_\_

- I authorize the shísháhl Nation ETAPS Department to obtain any information required to determine my eligibility for education or training financial assistance.
- I hereby authorize other First Nation Institutes, Employment Insurance Commission, and Social Assistance Agencies to release any information that may be required for this purpose.
- I authorize the organization/institute in which I am attending to release transcripts/certificates, attendance records, invoices, and progress reports to the shísháhl Nation ETAPS Department.

\_\_\_\_\_  
Client's Authorization Signature

\_\_\_\_\_  
Date

*(Please note that completion of this form does not guarantee approval of funding)*

\_\_\_\_\_  
ETAPS Coordinator (Print Name)

\_\_\_\_\_  
ETAPS Coordinator Signature

\_\_\_\_\_  
Date