

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



shísháhl Nation

Application for Funding: ISET Education Sponsorship

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
- Capilano University Registration to P2HL Program
- Copy of most recent transcripts | High School or other**

Complete Application Package

- Personal Information Form
- Training/Education Plan
- Budget Breakdown
- Signed Authorization to Obtain Information

If applying for living allowance dependent support:

- A copy of each dependent's birth certificate and status card (if applicable)
- The most recent copy of income tax returns showing eligible children listed as dependents OR a signed declaration that the child meets the criteria to be considered a dependent as per ETAPS Department policy.
- A copy of any active parenting agreements/orders and proof of child maintenance payments (separated or divorced applicants)

If applying for the childcare supplement:

- Proof of application to the [BC Affordable Child Care Benefit \(ACCB\)](#)
- Copy of the [Child Care Agreement Form](#) submitted with ACCB application

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 the ETAPS Department at etaps@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:		Middle Initial:
Preferred name:		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:	
Indigenous status: <input type="checkbox"/> Registered Status <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?	% of time dependent lives with you
		<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		
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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:

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
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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: **Pathways 2 Higher Learning**

Program start date (dd/mm/yyyy):

Full time Part time

Program end date (dd/mm/yyyy):

In-person Online/distance Combination

Program duration:

Location: kálax-ay Campus

Name of training organization: **Capilano University**

Address: 5627 Inlet Avenue, Sechelt BC V0N 3A0

Contact name: Becky Wayte

Position: Convenor

Phone: 604.741.7304

Email: bwayte@capilanou.ca

What are the expected outcomes that will be achieved from taking the P2HL program?

Why do you want to take the P2HL program?

How will the obtaining your Adult Dogwood certificate 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
Tuition, books and supplies			
Mandatory school fees	e.g. student union fees	\$ N/A	
Books	max \$700/term	\$	
Supplies	max \$100/term	\$	
Other:	Tutoring max \$1,000.00 per term	\$	
Other:		\$	
Total tuition, books and supplies		\$	\$
Other expenses			
Living allowance	Base rate: \$2020/month One dependent: \$2320/month Two dependents: \$2620/month Three or more dependents: \$2920/month (sN will pay for a max of 3 dependents)	\$	
Childcare	max \$300/month per child	\$	
Total other expenses		\$	\$
Total funding requested		\$	\$

Please note: Clients are responsible for ensuring budget calculations are correct and reflect eligible amounts.

Please contact your ETAPS Coordinator with questions about eligible costs

OFFICE USE ONLY

ARMS Client #		Received by:	
		Date:	
<input type="checkbox"/> ACTIVE EI CLAIM <input type="checkbox"/> REACH BACK <input type="checkbox"/> CRF	Comments:		
ETAPS Manager Signature:		Date:	

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Authorization to Obtain Information (ISET Clients)



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

Name of Client: _____

- I authorize the shíshálh 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 shíshálh 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