



ISET Program

APPLICATION FOR FUNDING

Name:	S.I.N.#:
Mailing Address:	Telephone #:
Home Address:	Cell phone #:
	Grant <input type="checkbox"/> Loan <input type="checkbox"/>
Postal Code:	Today's Date:

Are you a Canadian Citizen? Yes No Dual Citizenship

Are you First Nations? Yes No Status Non-Status

Do you currently reside on reserve? _____ If yes, which reserve? _____

First Nation of Origin: _____ Band #: _____

Date of Birth: ____/____/____/ Are you currently: Employed Unemployed
DD/ MM/YYYY

Are you currently receiving or eligible to receiving EI benefits? Yes No

Have you had an EI claim that ended within the last 3 years? Yes No

Have you had an EI maternity or parental leave claim that was established within the past 5 years? Yes No

Are you currently receiving social assistance? Yes No On Reserve Off Reserve

Have you applied to your First Nation for funding? Yes No

If yes, what was the result of the application? _____ (Please provide a copy of the letter received from the First Nation)

Have you applied to Post-Secondary Education Training and Labour? Yes No

If yes, what was the result of the application? _____

Have you applied for a Canada Student Loan? Yes No

If yes, what was the result of the application? _____

(Please provide a copy of the letter received from Canada Student Loans office)

List all other sources of funding that you have applied to for this initiative and provide the status of each of those applications.

<i>Source of Funding Applied For</i>	<i>Status of Application</i>

COURSE INFORMATION

What is the title of the course or Program that you will be taking?

What is the name of the training centre you will be attending?

A letter of acceptance from the training centre is required with this application.

(if no, when will we receive it?) _____

Office use only
 Yes No

What is the start date of this course or Program? _____

What is the end date of this course or Program? _____

How many hours per week will you be attending? _____

If a college or training institute, how many courses will you be taking per semester? _____

List courses: _____

What type of jobs would you be qualified for upon successful completion of this training?

Do you have a letter from an employer stating they would hire you IF you had this training?

Yes No

EDUCATION HISTORY

High school: _____ Name of school: _____
(last year completed) _____

Training Programs: (list all attended even if the Program was not completed)

1. _____
Program how long attended where attended

Did you complete this Program: Yes No
(if no, why not) _____

2. _____
Program how long attended where attended

Did you complete this Program: Yes No
(if no, why not) _____

3. _____
Program how long attended where attended

Did you complete this Program: Yes No
(if no, why not) _____

CAREER GOAL (This section must be completed)

What is your career goal? _____

How did you determine this goal? _____

Have you started the Individual Training Plan process? Yes No

If yes, with who _____ Date of last contact _____

How does this course/Program fit with your career goal? _____

What other education and/or training will you need to achieve your goal? _____

Explain how you will fully commit to this Program? _____

What length of time do you anticipate it will take to complete the steps necessary to reach your career goal? _____

What is the entry level rate of pay in the career you have chosen? _____

What are the general duties and responsibilities of a person employed in the career that you have chosen to pursue? _____

What types of employment opportunities exist for you once you have completed the education/training that you need in order to qualify for employment in your chosen career?

List at least three potential employers: _____

Where do you see yourself in five years from now? _____
