



# Training and Economic Development Department Post-Secondary Education Student Support Program

## Application Deadlines

Fall Intake (September start date) ..... Deadline July 4<sup>th</sup>  
Winter Intake (January start date) ..... Deadline Nov 7<sup>th</sup>  
Spring/Summer/Intersession Intake (May start date) ..... Deadline Feb 27<sup>th</sup>

Please answer all questions and attach all required documents checked on the  
APPLICATION CHECKLIST.

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!!!**

**PLEASE KEEP A COPY OF THE COMPLETED APPLICATION FOR YOUR RECORDS**

**Funding is NOT guaranteed!!!!**

### APPLICATION SUBMISSION OPTIONS

Training and Economic Development Department (TEDD)  
Post-Secondary Support Program  
P.O. Box 10  
Conne River, NL  
A0H 1J0

Email: [kstride@mfn.gov.ca](mailto:kstride@mfn.gov.ca)  
TELEPHONE: 709-882-2470  
Fax: 709-882-2401

**Clients CONTINUING COURSES for SPRING/SUMMER will need to submit an  
Application for approval BEFORE Feb 27 deadline.**

**IF NOT, SEND EMAIL INDICATING YOUR DECISION. Before Feb 27!!!**



# Training and Economic Development Department

## Post-Secondary Education Student Support Funding Application

# APPLICATION CHECKLIST

Applicants must submit missing information within **seven (7) days** of the application deadline.

### CHECKLIST

- Completed Application (personal info, program info, etc.) \_\_\_\_\_
- Valid e-mail address (Not parents/guardians email address) \_\_\_\_\_
- Social Insurance Number (We will call once the application is received)
- Copy of your Certificate of Indian Status - (Front/Back)-Unexpired \_\_\_\_\_
- High School Transcript – If applicable \_\_\_\_\_
- Post-Secondary Transcript/Certificates – If applicable \_\_\_\_\_
- Medical Documents – If applicable \_\_\_\_\_
- Copy of your Lease/Campus Residence Agreement – If applicable \_\_\_\_\_
- Letter of Acceptance & Status Indication (from Institution) \_\_\_\_\_
- Most recent Transcripts – if currently enrolled \_\_\_\_\_
- Cost breakdown of other Institutions – If applicable \_\_\_\_\_
- Employment Insurance Info (My Service Canada Account)-If applicable \_\_\_\_\_
- Cost breakdown from Institution (Cost of program/additional cost) \_\_\_\_\_
- Client Consent and Release Form \_\_\_\_\_
- Educational Program Letter of Intent \_\_\_\_\_
- Direct Deposit - Void Cheque OR bank info from banking/website \_\_\_\_\_
- Complete Labor Market Guide (must be completed and included) \_\_\_\_\_

Reference **page (19)** for the **MORE INFORMATION** on checklist above.



# Training and Economic Development Department Post-Secondary Education Student Support Program

**NEW CLIENT APPLICATION**  
All Fields Are Mandatory Please Print Clearly

## **FOR OFFICE USE ONLY**

Date Application Received: \_\_\_\_\_ Eligible Program: \_\_\_\_\_

Received By: \_\_\_\_\_ SIN#: \_\_\_\_\_

## **PERSONAL INFORMATION**

Date of Application (M/D/Y): \_\_\_\_\_

Full Name: \_\_\_\_\_

First Nation Status ID Number (**Proof Required**): 047- \_\_\_\_\_

## **Parents/Guardians/Home Address**

Street/P.O. Box: \_\_\_\_\_ Home Tel: \_\_\_\_\_

Town: \_\_\_\_\_ Clients Cell #: \_\_\_\_\_

Province: \_\_\_\_\_ Clients Email: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Date of Birth (M/D/Y): \_\_\_\_\_

## **Family Status**

No. of Children under age 18: \_\_\_\_\_ Age(s) of Children: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.

Marital Status:            Single       Married       Other  \_\_\_\_\_

## **Information**

Gender:            Male     Female     Other  \_\_\_\_\_                    Canadian Resident:    Yes     No

Preferred Language:    English     French     Other  \_\_\_\_\_

Highest Level of High School: \_\_\_\_\_                    Year: \_\_\_\_\_ (**Proof Required**)

Highest Level of Post-Secondary: \_\_\_\_\_                    Year: \_\_\_\_\_ (**Proof Required**)

## **Medical Information**

Do you have a disability?    Yes                     No

If "yes", please specify (**Proof Required**): \_\_\_\_\_

## **SCHOOL ACCOMMODATIONS (Proof Required)**

Apartment       Own Home/Mortgage       Campus Residence       Living with parents/guardians

Other  \_\_\_\_\_

**\*Please indicate if you are looking for an apartment or what your future living arrangements will be.**

**PROGRAM INFORMATION FUNDING REQUEST**

Are you currently attending post-secondary? (**Acceptance Letter Required**) Yes  No

If "yes", Start Date of Program? \_\_\_\_\_ Current Yr. of Study? \_\_\_\_\_ of \_\_\_\_\_

**SEMESTER REQUEST - Please Select only ONE!!!**

Fall/Winter (Sept - April)  
Start date (M/D/Y) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
End date (M/D/Y) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

OR

Spring/Summer/Intersession (May - Aug)  
Start date (M/D/Y) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
End date (M/D/Y) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Proof Required (Acceptance Letter)**

Student Number given by Institution: \_\_\_\_\_.

Name of Training Institution: \_\_\_\_\_

Campus/Institution Address: \_\_\_\_\_

Campus/Institution Phone #: \_\_\_\_\_

Course Name: \_\_\_\_\_

Upcoming Start Date of Program (M/D/Y): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Program Length \_\_\_\_\_ Graduation Date (M/D/Y) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **\*Required**

Number of course(s) you are planning to register? Semester 1: \_\_\_\_\_ Semester 2: \_\_\_\_\_

Attendance status - **Full time/Part time** Semester 1: \_\_\_\_\_ Semester 2: \_\_\_\_\_

**Work Term Requirements** - My Program is: Co-Op  Pre-Employment  Clinicals  Neither

If "yes" please list how many semester(s)? \_\_\_\_\_ (**Proof Required**)

**Estimated Semesters and Dates?**

Semester: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Paid  Unpaid

Semester: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Paid  Unpaid

**LEVEL OF EDUCATION**

Post-Sec(CAS/UCEPP) Preparation Prog ..... Undergrad/Bachelors .....

Certificate ..... Masters.....

Diploma ..... Doctorate .....

**Delivery Method per Semester** - Classroom, Distance Ed/Online, Blended (Classroom & Online)

Semester 1: \_\_\_\_\_ Semester 2: \_\_\_\_\_

**BLENDED COURSES**

If choosing blended, how many per semester are distance/online, and how many are classroom?

Semester 1: Dis/Online \_\_\_\_\_ & Class \_\_\_\_\_ Semester 2: Dis/Online \_\_\_\_\_ & Class \_\_\_\_\_

Are you continuing your education further after the completion of the current program? If so, please specify

\_\_\_\_\_

**PROGRAM AVAILABILITY (Approved funding is based on information provided by client.)**

Is this the closest institution to your place of residence that offers this or a similar program? Yes  No

Have you applied to a closer institution near your place of residence? Yes  No

If "no" please provide reasoning as to why you are choosing this institution verse one nearest to you?

**WHATS YOUR FINANCIAL STATUS - Answer SECTION APPLICABLE TO YOU!!!**

<b>CURRENTLY EMPLOYED - Section A</b>	
Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Self-Employed <input type="checkbox"/> Gross Weekly Income? \$ _____ Number of Hours Per Week? _____ Start Date of Position? _____  Will you maintain this position while completing your education? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>CONTINUE TO QUESTIONS</b> on the left →	<b>*If "yes", and info is different than noted to the left, please answer:</b> Indicate your work status? Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Gross Weekly Incoming? \$ _____ Number of Hours Per Week? _____  <b>*If "no", answer:</b> Expected End Date? _____ Will you have enough hours to receive EI for the academic school year you are currently apply for: Yes <input type="checkbox"/> No <input type="checkbox"/> How many hours will you have? _____ When will you apply? _____
<b>NO PRIOR EMPLOYMENT OR LOOKING FOR WORK - Section B</b>	
Will you be looking for work before you start post-secondary? Yes <input type="checkbox"/> No <input type="checkbox"/> If, "NO", move to <b>PAST BENEFITS</b> (below)... If, "YES, answer the following.... Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Self-Employed <input type="checkbox"/> Is this Summer Employment? Yes <input type="checkbox"/> No <input type="checkbox"/> Expected Start Date? _____  Will you maintain this position while completing your education? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>CONTINUE TO QUESTIONS</b> on the left →	<b>*If "yes", and info is different than noted to the left, please answer:</b> Indicate your work status? Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Gross Weekly Incoming? \$ _____ Number of Hours Per Week? _____  <b>*If "no", answer:</b> Expected End Date? _____ Will you have enough hours to receive EI for the academic school year you are currently apply for: Yes <input type="checkbox"/> No <input type="checkbox"/> How many hours will you have? _____ When will you apply? _____
<b>CURRENTLY RECEIVING EMPLOYMENT INSURANCE (Collecting EI) - Section C</b>	
Weekly EI Income? \$ _____ Expected Expire Date? _____	
<b>CURRENTLY RECEIVING SOCIAL ASSISTANCE FROM ANOTHER PROGRAM - Section D</b>	
Receiving Social Assistance? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If approved through TEDD, you are required to notify your Social Assistance provider.</b>	

**PAST BENEFITS** - Have you received Employment Ins (EI) within the past 5 years? Yes  No

Individuals eligible to receive Employment Insurance (EI) must apply for those benefits before TEDD considers living allowance assistance. Check your Province/Economic Region for required hours.

**PREVIOUS EDUCATION/TRAINING**

Have you applied for TEDD Post-Secondary Program and have been denied? Yes  No

If “yes”, please indicate the date(s): (M/D/Y) 1: \_\_\_\_\_, 2: \_\_\_\_\_.

Have you previously attended a post-secondary or training institution? Yes  No

If “yes”, please answer the following:

Program/Course Title: \_\_\_\_\_

Name of Training Institution: \_\_\_\_\_

Did you complete this program? Yes  No  Completion Date:(M/D/Y) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**If “yes”, please provide a copy of the Certificate**

If “no”, please state the reason: \_\_\_\_\_

How did you pay for this program?

Pay for own Expenses  Student Loans  Miawpukek First Nation Post-Secondary Program

Other Agency? \_\_\_\_\_

**REQUESTING FUNDS FOR THE FOLLOWING TERM**

Provide Cost Breakdown issued by your Institution (**Proof – Information from Institution**).

*Distance/Online & Part-time status qualifies for Tuition, Books, Mandatory fees, and Required Supplies ONLY*

<b>Fall Semester Cost</b>	<b>Winter Semester Cost</b>	<b>Spring/Sum/Intersession Cost</b>
Tuition	Tuition	Tuition
Fees	Fees	Fees
Books	Books	Books
Supplies	Supplies	Supplies
Other	Other	Other

**NOTES:**

- Optional Fees (i.e. Health/Dental, etc) will **NOT BE COVERED**. Deadlines are in place at all Institutions to **OPT OUT**, see your institutions student serves for more information.
- Materials and Supplies can be as noted Tools, Kits, 1 set of Nursing Gear, 1 set of PPE, Cooking Supplies, etc.
- Computers, Hardware & Software will not be covered
- Anyone who has a paid work term or working full-time will not qualify for any living or travel allowance.

Do you require Living Allowance? Yes  No

**Anyone receiving EI or is eligible to receive EI must apply for those benefits before being considered for living assistance.**

Do you require Travel Assistance? Yes  No

Traveling within your province, indicate kilometers from home to Institution? \_\_\_\_\_ Kilometers

Are you traveling out of your province? Yes  No

**Please note that anyone leaving the island of Newfoundland is considered out of province travel.**

**DECLARATION- Initialing each statement states you understand your responsibility!**

1. \_\_\_\_\_ Applications may be used for public documents such as Minutes, Education and Training Reports, etc. The Miawpukek First Nation (MFN) Training & Economic Development Department (TEDD) agrees to share this information with Service Canada or Indigenous Service Canada.
2. \_\_\_\_\_ I understand that all necessary documentation as referred to on the **Checklist MUST** be included for my application to be considered complete. Incomplete applications will **NOT** be considered.
3. \_\_\_\_\_ I understand that I am **NOT** to include my Social Insurance Number with this application. TEDD will contact me once the application is received.
4. \_\_\_\_\_ I will notify TEDD if any information in this application changes after submission and before the deadline of intake. **Failure to do so may result in rejection of Post-Secondary Education Support.**
5. \_\_\_\_\_ I understand that TEDD may contact me through email/MailChimp/phone call/text/messenger. My responsibility is to notify TEDD **IMMEDIATELY** if my contact information changes.
6. \_\_\_\_\_ I understand that if my living situation changes during the duration of the approved agreement, I am to notify TEDD **IMMEDIATELY**, as the funding may need to be adjusted. **Failure to do so may result in paying back all or some of the allowances received during this approved year.**
7. \_\_\_\_\_ I understand I need authorization from TEDD before I,  
\_\_\_\_\_ Add Courses  
\_\_\_\_\_ Drop Courses  
\_\_\_\_\_ Withdraw from a Course or Program  
\_\_\_\_\_ Quit  
\_\_\_\_\_ Dismissed by the Institution  
\_\_\_\_\_ Switch Programs  
\_\_\_\_\_ Leave Due to Medical Reasons  
\_\_\_\_\_ **Failure to do so may result in paying back all or some of the allowances received in this incomplete year. Documentation of either circumstance is required.**
8. \_\_\_\_\_ If approved, I will provide TEDD copies of all my transcripts as I complete each term/semester/module. **If I do not comply, my funding allowance will be withheld.**
9. \_\_\_\_\_ I understand that I am responsible for completing the application in full and follow-up with TEDD if I have not been contacted **within 14 days of sending my application.**
10. \_\_\_\_\_ I understand if my program continues through Spring/Summer I am to contact TEDD to inform them of my decision to attend or **NOT** attend. **If I do not comply, my funding will not continue for the following term.**

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

**Training and Economic Development Department  
Post-Secondary Support Program  
P.O. Box 10  
Conne River, NL  
A0H 1J0**

**Email:** [kstride@mfn.gov.ca](mailto:kstride@mfn.gov.ca)  
**Telephone:** 709-882-2470  
**Fax:** 1-709-882-2401



# Training and Economic Development Department

## Post-Secondary Education Student Support Funding Application

### CLIENT CONSENT AND RELEASE FORM

#### Information as indicated by Educational Institution

There are circumstances when, on short notice, it is essential for the Miawpukek First Nation Training and Economic Development Department to access/release student information related to their post-secondary funding assistance program. These situations include:

1. Access to student academic/attendance information from their post-secondary institution
2. Release of student information to Service Canada
3. Release of financial data to Employment Services Program/Social Assistance Program
4. Release of financial data related to appeal process to MFN's Chief and Council
5. Release of student information to the MFN Post-Secondary Career Practitioner

Students Full Name:

\_\_\_\_\_

Name of Training Institution:

\_\_\_\_\_

Students Cell/Phone Number:

\_\_\_\_\_

Program Name:

\_\_\_\_\_

Student Number given by Institution:

\_\_\_\_\_

Start and End Date of Program:

\_\_\_\_\_

I, (Please Print) \_\_\_\_\_ hereby authorize  
(Institution) \_\_\_\_\_ to release information regarding  
my student academics/information to the MFN TEDD Staff. This document remains valid until my  
completion/graduate date \_\_\_\_\_.

Student Signature

\_\_\_\_\_

Witness for Student Signature (Please Print)

\_\_\_\_\_

Date:

\_\_\_\_\_

Witness Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_





# Training and Economic Development Department

## Post-Secondary Education Student Support Funding Application

### EDUCATIONAL PROGRAM LETTER OF INTENT

**Please indicate what your educational goals are:**

- Certificate - Less than one year .....
- Diploma - Two years minimum .....
- Associate Degree - Usually two years .....
- Undergraduate/Bachelor's Degree - Approximately four to five years .....
- Master's degree – Additional one to three years after completing the Undergraduate/Bachelor's .....
- Doctorate Degree - Additional one to three years after completing the Master's .....

My name is \_\_\_\_\_ and the program I intend to study is  
\_\_\_\_\_ at the (campus name and location) \_\_\_\_\_

Currently I am at year/term (Ex: 1<sup>st</sup> yr or 2<sup>nd</sup> yr): \_\_\_\_\_ with an expected graduation date of \_\_\_\_\_.

The educational goals that I have set for myself for this upcoming year(s) are: (ex: Excel in Classes, attend all classes, ask questions, complete homework, be on time, complete my certificate/diploma/masters)

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The personal goals that I have set for myself for this upcoming year(s) are: (ex: Take care of yourself, make new friends, don't be afraid to reach out for help, explore, not to be easily influenced by others)

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What is your overall goal once you have completed your program?

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# Training and Economic Development Department

## Post-Secondary Education Student Support Funding Application

### DIRECT DEPOSIT FORM

#### PERSONAL INFORMATION

Students Full Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

#### Home Address

Street/P.O. Box: \_\_\_\_\_ Home Tel: \_\_\_\_\_

Town: \_\_\_\_\_ Clients Cell #: \_\_\_\_\_

Province: \_\_\_\_\_ Clients Email: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Date of Birth (M/D/Y): \_\_\_\_\_

#### STUDENTS BANKING INFORMATION

Banking Institution: \_\_\_\_\_

Bank Location: \_\_\_\_\_

Financial Institution/Transit Number (3 digits): \_\_\_\_\_

Branch Number (5 digits): \_\_\_\_\_

Account Number (As shown on cheque): \_\_\_\_\_

***\*Please provide a blank cheque with the word "VOID" written across the front OR you can also retrieve your banking information from your institutions website. This data must be associated with the Bank Account into which the payments are to be deposited.***



# Labour Market Research Guide

## COMPLETION REQUIREMENT FOR ACCEPTANCE OF APPLICATION

Failure to do so may result in the application DENIAL

Participant Name: \_\_\_\_\_

Occupation of Interest: \_\_\_\_\_

Program of Interest: \_\_\_\_\_

# What is Labour Market?

Labour market (job market) information tells you about the current work and job environments in specific regions. It includes information about specific companies, industries and occupations. For example:

- Who is hiring?
- What occupations are currently in demand?
- Which regions of the province need workers?

It's important to conduct thorough labour market research to ensure you make the best decisions for yourself in the long run.

There are two main steps to conducting labour market research in the context of your own individual circumstances:

## **Self-Assessment – What career is right for me?**

- Many people are not sure what kind of work they want to do. Sometimes they know what they don't want in a career, but aren't sure what career is right for them.
- You'll need to take a look at yourself: What drives you to work? What's your passion? What skills, experiences, and talents do you bring to an employer? What barriers do you face, such as transportation, physical capabilities, or childcare?
- It's important to know what your goals are, and what restrictions you will face. You want to make sure you choose the right career for yourself and your future.

## **Labour Market Assessment – Is this career choice a viable one?**

- Once you've looked internally and gained perspective on what careers interest you, you'll next need to look externally to learn more about the realities of the labour market. Some positions may be of interest but the hours an employer expects are unrealistic or beyond your availability, or the training required is more than you're willing or able to complete.
- There are constant changes in the labour market, and some careers have better prospects than others, especially when location is taken into consideration. For example, a mining career may be in demand, but you may find options limited in Newfoundland Region.

So, when you choose a career, ensure you choose the right one for you. You don't want to invest your time and resources into obtaining skills for a position that you cannot secure a future job.

# Sources of Labour Market Information

## For Clients Conducting Occupational Research

### Publications (also available on-line)

- **Newfoundland and Labrador Post-Secondary Offerings List** [www.lmiworks.nl.ca/PPSOL](http://www.lmiworks.nl.ca/PPSOL) (a complete listing of provincial post-secondary programs)

### On-line Resources

- [www.jobbank.gc.ca/home](http://www.jobbank.gc.ca/home)
  - Government of Canada Job Bank website
- [www.gov.nl.ca/aesl/findajob/jobsinnl/](http://www.gov.nl.ca/aesl/findajob/jobsinnl/)
  - Newfoundland and Labrador job postings to employers and for job seekers
- [www.indeed.com](http://www.indeed.com)
  - Job Search
- [www.hiring.gov.nl.ca/Jobs.aspx/Public](http://www.hiring.gov.nl.ca/Jobs.aspx/Public)
  - Human Resource Secretariat: Online Job Portal

### Other Sources

- **Labour Market and Career Information (LMCI) Hotline**  
Speak to one of our staff members about accessing career and labour market information.

**Hours of operation – Monday to Friday between 8:30 am and 4:30 pm.**

**Labour Market and Career Information Hotline**

**Toll-free:** 1-800-563-6600

**TTY:** 1-877-292-4205 (For Telecommunication Devices only – used by people who are Deaf, Hard of Hearing or have difficulty with vocal communication)

**Fax:** (709) 256-5709

**Email:** [lmcihotline@gov.nl.ca](mailto:lmcihotline@gov.nl.ca)

**CAREER CHOICE KNOWLEDGE**

What will be your primary job duties?

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**RESEARCH 3 SOURCES AND ANSWER THE FOLLOWING QUESTIONS**

Based on the information gathered what do you believe will be the average starting salary for this occupation? Please list all 3 sources and then provide the average.

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**Sources & Employment Outlook (good, fair, poor)**

**1. Name:** \_\_\_\_\_

Province/Geographic area: \_\_\_\_\_ Outlook: \_\_\_\_\_

**2. Name:** \_\_\_\_\_

Province/Geographic area: \_\_\_\_\_ Outlook: \_\_\_\_\_

**3. Name:** \_\_\_\_\_

Province/Geographic area: \_\_\_\_\_ Outlook: \_\_\_\_\_

Overall, what is the employment outlook for this occupation in the geographical area in which you plan to live?

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Are you willing/able to move to find work if necessary?

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## **LABOUR MARKET RESEARCH WITH COMPANIES**

### **INFORMATIONAL INTERVIEWING**

Before finalizing your decision to attend a training program, it is important to discuss your decision and research findings with those who are working in the industry. Please contact at least 3 potential connections, they can include employers, employees, unions, professional associations, or anyone else who has first-hand knowledge about your occupation of interest.

*Please see suggested questions.*

#### **Questions to discuss with Employers**

- What aptitudes/skills/qualifications should these employees possess?
- Are there any educational, training or license requirements? If so, which courses(s)/program(s) do you prefer?
- What is the entry-level wage of people employed in this occupation?
- What type of computer technology do you use?
- How long has your business been in operation?
- What are your peak business periods?
- Are there any medical or legal requirements?
- Have you recently laid off (or do you anticipate laying off) people employed in this occupation?
- Do you anticipate hiring any new staff over the next 12 months?
- What will be your staffing requirements over the next (1-5) years? Will this be contract or permanent work?
- What is the chance for advancement?
- Do you have any advice for someone considering a career in this field?
- Can you suggest other people I could talk to for this research?

#### **Questions to discuss with Employees**

- Describe your job, i.e. duties, responsibilities, typical workday.
- What are the regular working hours or shift work?
- What are the major rewards of this occupation?
- What are some of the drawbacks of this occupation?
- What is the salary range for entry-level workers?
- How did you get into this field of work?
- What are the educational, training and license requirements for this occupation?
- Which training institution did you attend? How was the program?
- What other preparation, if any, is needed for this occupation?
- Would I have to relocate to find work?
- Is there anything else that you think I should be aware of before I consider this occupation?

**INTERVIEW ANSWERS**

**Company #1**

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Position Held: \_\_\_\_\_

Comments:

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**Company #2**

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Position Held: \_\_\_\_\_

Comments:

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**Company #3**

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Position Held: \_\_\_\_\_

Comments:

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Based on your research so far, list any potential drawbacks with respect to working in this occupation:

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## RESEARCHING SCHOOL/PROGRAM OF INTEREST

You now need to evaluate the effectiveness of the program/school you have selected. It may also be useful to compare the program you have selected with similar programs offered at other schools in the same geographical area.

Complete only those areas below that are relevant to your occupational research.

	Institution #1	Institution #2	Institution #3
Location			
Is there a work term component? How long?			
Is the program recognized out of the province?			
Program cost			
Duration of program			
Can the courses be transferred to another institution			
Will you be successful in obtaining a job once you completed the program			

## RECENT GRADUATES INTERVIEWS (3 Graduates)

It is also helpful to talk to recent graduates as they are a very good source of information about program quality, work term training, and potential for jobs.

Summarize the experience of recent graduates from your program of interest. Things to consider include personal commitment of time, money, & resources and likelihood of finding related employment.

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Please ensure all information is included

Leave nothing blank

## **MORE INFORMATION**

**YOUR APPLICATION WILL NOT BE CONSIDERED COMPLETE IF THE FOLLOWING ARE NOT ATTACHED:**

- Application, leave **NOTHING** blank.
- You will be contacted for your **SOCIAL INSURANCE NUMBER**. Confidentiality is very important to us so, PLEASE DO NOT INCLUDE IT WITH THE APPLICATION.
- **PROOF OF MEMBERSHIP** with the Miawpukek First Nation Band. Include a photocopy front/back of the Valid Secure Certificate of Indian Status Card. **REMEMBER** to check the expiration date.
- **TRANSCRIPT** of the highest level of High School Education completed. If you are a level III students and submitting your application before the July 4<sup>th</sup> deadline, please attach your level III Mid-Term marks. You will then provide your **FINAL HIGH SCHOOL TRANSCRIPT** as soon as it is received.
- Previous education **TRANSCRIPT/CERTIFICATES**.
  - a) If you were once enrolled in a program, provide completed or incomplete transcripts. On-line printouts are acceptable if they clearly display your information. If unable to submit your most recent transcript before the deadline date, you will need to submit it as soon as it is received.
  - b) If you have complete certification(s) (**CERTIFICATES, DIPLOMA, DEGREES, ETC.**), from previous education, attach final transcripts for each program, as well as, Certification(s).
- **DISABILITY** provide all proper documentation (**Doctors notes, special requirements, etc.**).
- **LEASE or RESIDENCE AGREEMENT** if renting an apartment or in residence during your studies.
- **PROOF OF ACCEPTANCE/STUDENT STATUS** - Acceptance or provisional/conditional acceptance letter from your institution. You must provide a copy of your **FINAL ACCEPTANCE LETTER** as soon as it is received. If currently enrolled in a program and are requesting funds to complete your education, please provide the following:
  - a) A letter of verification for the present or next available semester from your institution.
  - b) Documentation that clearly indicate if you are registered as a Full or Part time student.
  - c) Most recent Transcript for completed courses.
- **OTHER COST BREAKDOWNS** of institutions closest to your place of residence. You can obtain and print this information from the Institution or from their website and include it with your application.
- Copy of your latest claim information from your **"MY SERVICE CANADA ACCOUNT"** if you are or have received Employment Insurance within the last 5 years.
- **COST BREAKDOWN** of expenses from your Educational Institution is **MANDATORY**. You can obtain and print this information from your Educational Institution or from their website and include it with your application. Please ensure all additional fees are listed with cost breakdown (**tools, kits, first aid, safety gear, work term, etc.**)
  - a) You **MUST** include cost breakdown of semesters by date to the end of your Course of Study. All information **MUST** match the Post-Secondary Education Institution Calendar (**Dates and Cost**).
  - b) You **MUST** include the actual dates of the work term, indicate if the work terms are paid or unpaid, and the tuition fee from the institution. Page eight (8) of our funding application.
- Please ensure you complete the **CLIENT CONSENT AND RELEASE FORM**.
- Please ensure you complete the **EDUCATIONAL PROGRAM LETTER OF INTENT**.
- Provide **DIRECT DEPOSIT** information such as a **VOID** check, or **BANKING INFO**.
- Please ensure you completed the **LABOUR MARKET GUIDE**, leave nothing blank.