



Training & Economic Development Department

Council of the Conne River Micmacs

Government of the Conne River Micmacs

P.O. Box 10, Conne River, NL A0H 1J0

Phone: (709) 882-1272 Fax: (709)882-2401

REQUEST FOR ADDITIONAL FUNDING ASSISTANCE

Fill out the form below completely. All receipts and school requirement documentation must be attached to the form for approval.

Full Name: _____ Student Number: _____

Email Address: _____ Phone Number: _____

Name of Training Institution: _____

Course Name: _____

Purpose of Request

Is this request a requirement for the completion of your program? Yes _____ No _____

What are the attendance dates for this request? _____ to _____

Do you have a letter/mail/correspondence/registration to confirm these dates? Yes _____ No _____

Notes: All not request is guaranteed.

- Training Cost
- Living Allowance request - Maybe eligible up to \$300 per week if criteria meet allowance implementation
- Travel Allowance request - Maybe eligible for Travel. Please indicate kilometer from home to institution
- Out of Province Travel Request – Maybe eligible for out of Province travel.

Please indicate what type of assistance and amount you are needing additional funding for.

Date	Type of Assistance	Amount \$00.00
Total		

Signature: _____ Date: _____

ISETS Agreement Holder Signature: _____ Date: _____

Email completed request to sjedore@mfgov.ca & kstride@mfgov.ca Or Fax 709-882-2401

Reimbursement will be based on institution requirements. Request for additional funds is not guaranteed.