

EVERY MÉTIS PERSON PHYSICALLY RESIDING ON A SETTLEMENT OR A SETTLEMENT MEMBER ON AN AUTHORIZED LEAVE OF ABSENCE HAS THE RIGHT TO COMPLETE AND SUBMIT AN MSSTI APPLICATION

APPLICATION

Submit completed application 30 days prior to the beginning of your course. Incomplete or missing information may result in a delay in processing your application. The following supporting documentation must be submitted with your application:

- Acceptance Letter
- Cost of Tuition/Book/Fees
- Course Outline
- Career Investigation

DISCLOSURE

The personal information collected on this application is being collected for the purpose of determining and verifying eligibility for, and the general administration and enforcement of the Métis Settlements Strategic Training Initiatives Society programs. The information will not be disclosed to any other person or organization except as authorized by the *Freedom of Information and Protection of Privacy Act [Alberta]* and the *Privacy Act [Canada]*. Collection of this information is authorized by Par 2, Division 1 of the Freedom of Information

AUTHORIZATION/CONSENT

I, _____, authorize any financial institution, government department or agency, public body or other organization or person holding personal information concerning me, included but not limited to, Revenue Canada, the Student Finance board, a Metis Settlement, My employer or former employers, to disclose this information to Métis Settlements Strategic Training Initiatives Society (MSSTI) for the purpose of determining and verifying eligibility for, and general administration and enforcement of, MSSTI programs. This authorization is valid for the calendar year prior to the year of signature and each subsequent calendar year for which assistance is requested.

Signature of Applicant: _____ **Date** _____

DATE: _____

FILE#: _____

Personal Information

LAST NAME _____ GIVEN NAME _____

MIDDLE NAME _____ SOCIAL INSURANCE# _____

BIRTHDATE _____ GENDER Female Male

HOME SETTLEMENT _____ YEARS OF RESIDENCE _____

LEAVE OF ABSENCE? _____ LENGTH OF TIME AWAY _____

LANGUAGES SPOKEN _____

MARITAL STATUS Single Married Common-law Separated Divorced Widowed

MAIDEN NAME (if applicable) _____ SPOUSE'S NAME (if applicable) _____

Address

SETTLEMENT/PERMANENT ADDRESS

MAILING ADDRESS

Street Address _____

City/Town _____

Province _____ Postal Code _____

Telephone _____ Cellular _____

Street Address _____

City/Town _____

Province _____ Postal Code _____

Dependents

CHILDS FULL NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	CHILDCARE REQUIRED	Copy of health card of any/all dependents Comments

Benefits

	NO	YES	If yes when
Have your previously received funding from MSSTI and/or Settlement			
Have you applied for, or are you receiving Employment Insurance			
Have you received Benefits in the last 3 years			
Are currently receiving Alberta Works Income support			
Have you applied for funding elsewhere if so – Where?			

Service Requirements

Do you require assistance with?

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Career Decision Making | <input type="checkbox"/> Skills Enhancement | <input type="checkbox"/> Essential Skills | <input type="checkbox"/> Academic Upgrading |
| <input type="checkbox"/> Certificate Skills Training | <input type="checkbox"/> Apprenticeship | <input type="checkbox"/> Work Experience | <input type="checkbox"/> Student Employment |
| <input type="checkbox"/> Self-Employment | <input type="checkbox"/> Career Planning | <input type="checkbox"/> Job Search preparation, supports or referrals | |

To help us serve you better, check any barriers that may apply to you

- | | | |
|---|---|--|
| <input type="checkbox"/> Out of the workforce for more than 3 years | <input type="checkbox"/> Require Work Experience | <input type="checkbox"/> Require Childcare |
| <input type="checkbox"/> Require Transportation | <input type="checkbox"/> Require Further Training | <input type="checkbox"/> Require Further Education |
| <input type="checkbox"/> Legal issues | <input type="checkbox"/> Housing | <input type="checkbox"/> Finances |
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Language | <input type="checkbox"/> Other |

Program

Application type:

- On- Settlement training
- Off Settlement training
- Apprenticeship
- Upgrading
- Continuing Program from Previous year
- Other _____

Have you received previous funding? Yes No

If yes complete the following:

Program Name _____

Dates _____

Who funded you _____

Did you successfully complete the program? Yes No

Program/ Faculty of Studies _____

Start Date ____/____/____ End Date ____/____/____ year ____ of a ____ year program

Name and Address of Educational Institution:

School Contact:

Does your program include a practicum? _____ if yes, When? _____ to _____

You will be attending: Full-time Yes No Part-time Projected graduation date: _____

Education

Highest level of education completed _____ Province _____

Other Training/Skills/diplomas/degrees/trades/certifications

Program/discipline _____ Year Completed _____

Program/discipline _____ Year Completed _____

Program/discipline _____ Year Completed _____

Program/discipline _____ Year Completed _____

Employment

Please describe your Present employment situation:

Employment History – or attach current resume

Employer _____ From _____ To _____

Job Title: _____ Reason for leaving _____

Skills/Duties _____

Employer _____ From _____ To _____

Job Title: _____ Reason for leaving _____

Skills/Duties _____

Employer _____ From _____ To _____

Job Title: _____ Reason for leaving _____

Skills/Duties _____

Trades Information

Trade _____ Level _____ Union Member No Yes

Budget Worksheet

EXPENSES	CURRENT	IN PROGRAM	INCOME	CURRENT	IN PROGRAM
HOUSING			EMPLOYEMENT		
HEAT/ ELECTRIC			SAVINGS		
TELEPHONE/INTERNET			SOCIAL ASSIST.		
GROCERIES			EMPLOY. INS.		
TRANSPORTATION			STUDENT AID		
INSURANCE			OTHER		
PERSCRIPTIONS/HEALTH			OTHER		
CLOTHING					
TOILETRIES					
LOANS					
CREDIT CARDS					
CHILD CARE					
OTHER					
OTHER					
OTHER					
TOTAL EXPENSES			TOTAL INCOME		

APPEAL PROCESS

If your application is denied for any reason other than:

- Insufficient funds
- An MSSTI Community policy, or
- You are in arrears to MSSTI for funds you were required to repay you may submit a written appeal to MSSTI central Office.

All appeals should be addressed: Attention Director of MSSTI and marked “confidential”
Suite 101, 10335 – 172 Street
Edmonton, AB T5S 1K9

TAXABLE INCOME

The amount of Bursary paid to you or on your behalf to a third party from MSSTI in each calendar year is classified as **TAXABLE INCOME** under the Income Tax Act (Canada, 1972). You will receive a T4A form indicating the funds you have received. You are required to report these funds on your annual income tax return and **YOU WILL BE RESPONSIBLE FOR ANY INCOME TAXES DUE AND OWING TO CANADA REVENUE AGENCY.**