



Berens River First Nation

BERENS RIVER, MANITOBA R0B 0A0
TELEPHONE: (204) 382-2161
FAX: (204) 382-2297

PATHWAYS TRAINING SPONSORSHIP APPLICATION

Date: ___ / ___ / ___
D M Y

NOTE: You must answer all questions in this sponsorship request form, otherwise the application will be returned to you for completion, thereby causing a delay in processing your application. The following information is used in determining your eligibility for training sponsorship.

When planning to enroll in a training program, consider the following points:

- a) Long and short term career goals;
- b) Reason for choosing this career;
- c) Why do you feel you will be successful in this training and occupation?

Please complete the following questions:

- A) What is your current source of income? _____
- B) Do you receive **Provincial Social** assistance? Y _____ N _____
- C) Do you receive **Band Social** assistance? Y _____ N _____
- D) Do you receive **Employment Insurance Benefits**? Y _____ N _____
- If not, did you receive Employment Insurance in the last three years? Y _____ N _____
- E) Will you be able to secure a full time job when you complete the training? Y _____
- F) Do you qualify as being a youth? (Between the age of 16-29) Y _____ N _____

PERSONAL INFORMATION:

Surname: _____ First Name: _____ Initial: _____
Address: _____ City: _____ Postal Code: _____
Telephone: _____ Message: _____
Social Insurance No. _____ Gender: M _____ F _____
Birth date: _____ Band & Treaty #: _____
Marital Status: _____ # of Dependents: _____
Age of Dependents: ___ / ___ / ___ / ___ / ___ / ___

EDUCATION:

Highest grade level you have completed: _____ Year completed: _____

What school did you attend/graduate from: _____

List any certificates or trade licenses you possess: _____

List additional training courses you have taken: _____

Have you ever attempted to obtain a GED certificate? _____

TRAINING COURSE INFORMATION:

What training courses are you interested in taking? _____

What school or training institute are you planning to attend? _____

What is the cost of tuition for the training program? _____

What is the length of the training program? _____
i.e. weeks, months

How many hours of class time per week? _____

What type of job would you seek when course is completed? _____

Where will you seek work once your training is complete? _____

WORK EXPERIENCE HISTORY:

Are you currently employed, at what occupation & what is your rate of pay? _____

What was your last job? _____

What are/were your normal weekly hours of work? _____

Do you have a current driver's license? What classes do you have? _____

Do you have an updated resume? _____

WHAT TYPE OF SPONSORSHIP ARE YOU REQUESTING?

- | | | |
|--|-----------|----------|
| a) Tuition only? | Yes _____ | No _____ |
| b) Tuition and texts only | Yes _____ | No _____ |
| c) Tuition, texts, and living allowance? | Yes _____ | No _____ |
| d) Living allowance only? | Yes _____ | No _____ |
| e) Texts only? | Yes _____ | No _____ |
| f) Travel allowance only? | Yes _____ | No _____ |
| g) ** Job maintenance only? | Yes _____ | No _____ |

****The job maintenance sponsorship is for beginning a new job. This will only be allowed one time per person, as this is to assist you until your first pay-cheque is received.****

Is there any other information you feel would assist Berens River First Nation in considering your application?

NOTICE OF DISCLOSURE / AUTHORIZATION TO RELEASE INFORMATION

To the best my knowledge, I certify that the information contained in this application is true and correct. I realize that any false statement may result in disqualification for or from this funding service.

I hereby authorize the disclosure to the Berens River First Nation of any information from educational institutions, financial institutions, student financial assistance, Human Resources Development Canada, social assistance, Workers Compensation and / or employers for the purpose of verifying and / or investing any information pertaining to any of this application form.

Signature of Applicant

Date

Please check () to ensure all documentation is on file:

- | | | |
|----------------------------|-----------|----------|
| Verified by Status Card | Yes _____ | No _____ |
| Course Information & Costs | Yes _____ | No _____ |
| Acceptance Letter | Yes _____ | No _____ |
| Resume | Yes _____ | No _____ |