



Financial Assistance Application

Vocational training (B1) - ETSC

For administration use only File number:

Participant identification			
Last name, First name	Permanent address	Apt #.	City
Province	Postal code	Telephone no.	
S.I.N.	Gender	Date of birth	Band no.
Do you have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/>		Email address	
If so, briefly describe the type of disability:			
Do you require student accommodation?			
Address during school year			
*** Direct deposit *** Provide a specimen cheque for direct deposit			
Branch	Transit	Folio	Specimen cheque already on file (no changes) <input type="checkbox"/>

Student situation	
<input type="checkbox"/>	Residing with one of the parents
<input type="checkbox"/>	Self-supporting with rent (provide lease, proof of residence with supporting documents)
<input type="checkbox"/>	Residing with parents receiving income security
<input type="checkbox"/>	With dependent(s)



- If one of your children receives an education allowance, please indicate the source:

I have paid employment during my program of study: Yes No

If so, number of hours worked per week:

Name and address of employer:

Dependent(s)	
Last name, first name	Date of birth

Indicate source of income prior to the start of this training

<input type="checkbox"/> Full-time employee	<input type="checkbox"/> Part-time employee	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Education/training
<input type="checkbox"/> Employment insurance	<input type="checkbox"/> Income security	<input type="checkbox"/> Loans and bursaries from a govt. body	<input type="checkbox"/> Régie des rentes
<input type="checkbox"/> Disability insurance	<input type="checkbox"/> CNESST	<input type="checkbox"/> QPIP	<input type="checkbox"/> Nil
<input type="checkbox"/> Other (specify):			

Identification of training institution

Name of institution		Address	
City	Province	Postal code	
Name of contact person	Email address	Telephone no.	



Training program title			
Start date		End date	
Total cost	Cost, material and supplies	No. of hours/week	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Describe content of training			
What is your professional/career objective			

Academics
Last level of education completed:
Education institution:
Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No Year:
I will be graduating this year: <input type="checkbox"/> Yes <input type="checkbox"/> No

Indicate previous employment		
Year	Name of company/employer	Title of position/functions
Start date:		
End date:		
Start date:		
End date:		



Start date:		
End date:		
Start date:		
End date:		

Student's commitment
<p>After reviewing the Odnak ETSC training measures:</p> <ol style="list-style-type: none"> 1. I agree to provide the Odnak ETSC with the required documents: <ul style="list-style-type: none"> - Copy of birth certificate; - Copy of birth certificate of dependent children; - Copy of Certificate of Indian Status; - Specimen cheque; - Last transcript; - Lease or proof of residence (with proof of residence, you must provide a copy of one of the following supporting documents or invoices that must bear your name and address, such as: electricity bill, telephone bill, driver's license, etc.) 2. I agree to immediately notify the Odnak ETSC in the event I drop out of school temporarily or totally, in the event of an exemption (exemption course) and/or in the event of a change in my personal situation or that of my children whom I declare to be my dependents, as these changes may affect the assistance granted under this program. 3. I agree to meet the academic requirements of both the post-secondary institution or vocational training centre and of adult education and to manage financial assistance to the best of my ability in accordance with the regulations and terms and conditions applicable to the Odnak ETSC financial assistance programs. 4. I agree to reimburse the amounts received if I have not provided the required documents. 5. I agree to reimburse in full any overpayment or debt owed to the Odnak ETSC and I authorize the latter to withhold the required amounts from any sum paid to me until full payment is made. 6. I acknowledge that if I have a debt towards the Odnak ETSC and that I do not have a reimbursement agreement or that I no longer respect this agreement, my deposit will be retained.



Declaration

I (we) hereby declare that the information provided is true, accurate and complete in every respect. Any false statement or omission represents a serious offence and may result in the cancellation of this application.

Student signature

Date

Parent signature if student is a minor

Date

Power of Attorney to collect personal information

I, _____, hereby authorize the Odanak ETSC to collect from other services of the Abenakis of Odanak Council, institutions or organizations concerned, whether public or private, any information, document, copy of document and/or statement in order to determine my eligibility for employment and training measures for the entire period during which I will receive financial assistance under this program. This authorization ends when I complete my studies or when my eligibility for this program ends.

The terms "information, document, copy of document and/or transcript" include:

- Transcript
- Schedule or course selection
- Attestation of academic program
- Letter of completion of program of study
- Information on sources of income
- Any other relevant documents

Student signature

Date

Date of birth

Band number

Last name and first name of parent (if student is a minor)

Date

Parent signature (if student is a minor)