Shooniyaa Wa-Biitong

Training and Employment Centre for the Treaty #3 Area

Main Office:
580 Lakeview Drive
P.O. Box 2909
Kenora, ON P9N 3X8
Reception: 1-800-545-5113, ext. 221

Agency One Office:
1459 Idylwild Drive
Site 206-53, R.R. #2
Fort Frances, ON P9A 3M3
Reception: 1-800-545-5113, ext. 260

Client-Based Activity Application: Financial Assistance

Section A: Participant Information

Full Name:	*(Official Use Only)* *File No.*

Completed and attached the Participant Information Form? ☐ Yes ☐ No

If additional space is needed for any question on this application, applicants are welcome to attach additional pages.

Section B: Employment Goals

Name of Occupation for Training: _____

State your employment goals and expectations once the intervention is completed:

Have you requested funding from other agencies for this program? ☐ Yes ☐ No

If yes, please state the agency and outcome: _____

Are you eligible to apply for Employment Insurance or will be applying within the next month? ☐ Yes ☐ No

Have you worked for 490 hours or more in the last 12 months? ☐ Yes ☐ No

Section C: Program Information

(Complete if you are applying for financial assistance for training) ☐ N/A

Course Name:	Institution / Training Agency:	Attendance: ☐ Full-Time ☐ Part-Time

Location of Activity:	Distance from residence to training site: *(in km)*
Program Duration: _____ (MM / DD / YY) to _____ (MM / DD / YY)	No. of Weeks: _____ In-Class Hours: _____
Attached Acceptance Letter: ☐ Yes ☐ No ☐ N/A	Weekly Hours: _____ On-site Training Hours: _____
	Total Course Hours:_____

Additional information about the training program (program outline, cost breakdown, etc.) will be attached and submitted with my application. ☐ Yes ☐ No ☐ N/A

Training Objectives:

Training Content: *(Training topics to be covered)*

Expected Results: ☐ Certificate ☐ Diploma ☐ Bachelor's Degree ☐ Master's Degree
☐ Other: _____

"At the end of this training, the participant will be able to . . ."

Program Financial Requirements:		
Course Costs (i.e. Workshop fees, tuition, etc.)		$
Material Costs (i.e. books, required program materials, personal protective equipment)		$
	Total Course and Material Costs:	$
Income Supports: Select all required		
☐ Allowance ☐ Dependent Care ☐ Travel ☐ Other	Expected Weekly Expenses (if living away from home):	$
	Total Weekly Expenses for _____ weeks (length of program):	$
	Costs related to Disability Barriers:	$
	Other:	$
	Total Income Supports:	$
	TOTAL COST TO ATTEND TRAINING COURSE:	$

Section D: Dependent Care

(Complete if you are applying for financial assistance for dependent care) ☐ N/A

Will you be requiring financial assistance to cover child/dependent care during the program? ☐ Yes ☐ No ☐ N/A

If you answered "Yes":

Will you require financial assistance from another source? ☐ Yes ☐ No

Does the caregiver currently reside with you? ☐ Yes ☐ No

If "No", please provide the name(s) and details for each dependent/child below and the information of the caregiver:

	Name	Age	Special Care	Hours of Care Required
1				
2				
3				
4				
5				

Name of Caregiver:	Address of Caregiver:

Section E: Travel Assistance

(Complete if you are applying for one-time-only travel assistance) ☐ N/A

Attached Letter of Confirmation of Employment from Employer and/or Proof of Enrollment: ☐ Confirmation of Employment ☐ N/A ☐ Proof of Enrollment ☐ N/A

Departure Date: _____ MM / DD / YY	**Return Date:** _____ MM / DD / YY

Reason for Request:

Quotes for Travel:

Air: _____ Private: _____ Public: _____ Other: _____

Section F: Special Employment Supports

(Complete if applying for Special Employment Supports) ☐ N/A

Attached Letter of Confirmation of Employment from Employer and/or Proof of Enrollment: ☐ Confirmation of Employment ☐ N/A ☐ Proof of Enrollment ☐ N/A

Reason for Request:	Quotes: (Two required) _____ _____

I certify that the information in this application is accurate and true to the best of my knowledge. If funding is approved, I will adhere to Shooniyaa Wa-Biitong program policy guidelines. Failure to do so or knowingly providing false information will result in funding (if approved) being revoked.

_____ _____

Client Signature *Date*

Shooniyaa Wa-Biitong is committed to respecting your privacy and protecting your personal information. This document and the information in it are provided in confidence, for the sole purpose of Shooniyaa Wa-Biitong, and may not be disclosed to any third party or used for any other purpose without the express written purpose of the participant.

Please provide additional supporting documentation as required to support your application.

Please allow up to 20 business days from the date we receive your application for a final decision.

For Official Use Only:			
Client File No.	Client ARMS ID No.	Program Officer:	
Notes:			Date Received: