

Shooniyaa Wa-Biitong

Training & Employment Centre for the Treaty No. 3 Area



STUDENT ACHIEVERS AWARD PROGRAM

For Treaty #3 Students in High School & in Post Secondary School

Objective: To promote and recognize the importance of completing education, career goal planning and achievement in school and community while maintaining Wellness in all aspects of your life.

The theme for 2023/24 is **“WELLNESS” – MINOYAWIN.**

Eligible student applicants must provide a school and support letter, a brief written biography and a 500-word essay or submit a video clip/Tik Tok.

Video clips/Tic Toc’s must be no more than 4 minutes with a head shot. You will be introducing yourself, what school you are attending, your career goals, what helps you succeed in school and an encouraging message to other students about maintaining **“Wellness”**.

ELIGIBLE STUDENTS:

- Treaty #3 students attending High School, Alternative Education Programs or Post Secondary School on a full-time basis for the 2023/2024 Academic year and;
- Must be under the age of 29.

All student achievers must be prepared to attend a Shoonyaa Wa- Biitong sponsored event (location / dates to be determined). An invitation with details will be sent after final selections.

A monetary award is available to those that meet the criteria. There is a limited budget. Up to 12 entries will be chosen.

Submissions are to be emailed or delivered by the deadline date to:

**Misty Castle: mistyc@shooniyaa.org
Student Achievers Award Program
Shoonyaa Wa-Biitong
580 Lakeview Drive, P.O. Box 2909
Kenora, ON P9N 3X8**

DEADLINE March 8th, 2024

Should you have any questions, please feel free to contact **Misty Castle, Youth Coordinator** at 1-800-545-5113 ext. 230. mistyc@shooniyaa.org

Shooniyaa Wa-Biitong

Student Achievers Award Program

Essay

- Essay must be at least 500 words
- Topic to address the theme of “Wellness”
- Examples: How do you ensure that you are taking care of your Mental, Physical, Emotional and Spiritual self while working towards your education goals.

Video/Tik Tok

Video Clip Technical Requirements:

- Be original for this application.
- Not infringe on any third-party rights (logos, music, intellectual property, etc.).
- Not include any third parties, including minors, celebrities and friends, who have not expressly authorized the entrant to display his/her image or likeness in a submitted video.
- Be a maximum 4 minutes.

Tips for Making a Great Video:

- Get creative, feel free to showcase any talents as a part of your video submission, such as singing, playing an instrument, poetry, etc.
- No need to hire a professional, plan ahead and shoot several takes to get it right.
- Use enough lighting, the more light, the better.
- Think about what’s behind you before you hit the record button.
- Try to have as much of a personality on camera as possible to come across well. Be energetic and let the real you shine through.
- Practice by recording sample videos and then share them with friends and family for feedback. If you’re still unsure, try recording the same video three times. Watch each take and select the one you like most.

PLEASE ATTACH:

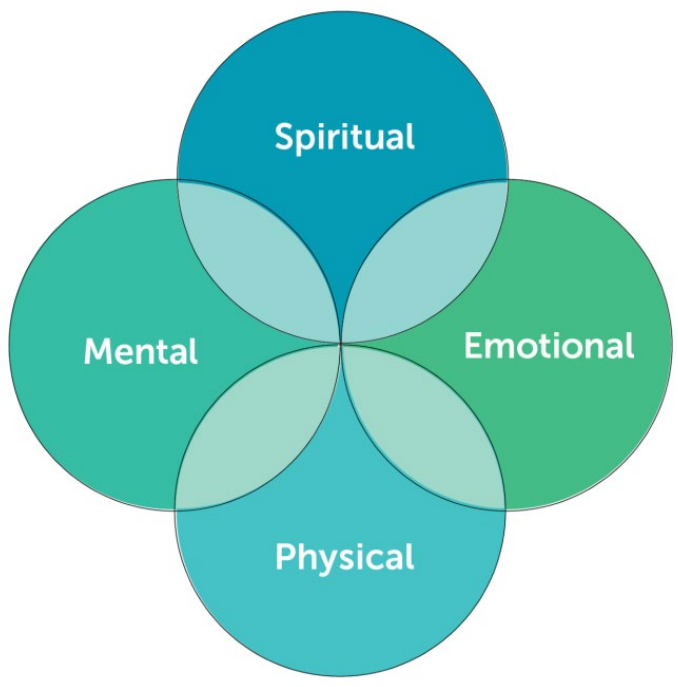
- A letter of verification from an authorized school official (indicating full-time status and academic level)
- Complete and sign attached Participant Information Form
- Complete the biography
- Submit your Video Clip/Tik Tok or Essay
- Complete the Youth Survey
- Sign and submit the video release waiver

COMPLETE BIOGRAPHY/ CAREER ASPIRATIONS (Attach additional pages if required)

Introduce Yourself:

Describe which career goal you have chosen to pursue and why:

What is "WELLNESS" (MINOYAWIN) to you? What message do you have to encourage, inspire and motivate other youth to excel in their career journey, while ensuring balance in wellness.



Shooniyaa Wa-Biitong Youth Survey

By filling out this survey we hope to gather information on needs of services for youth in our Treaty #3 area.

1) How did you hear about Shooniyaa Wa-Biitong?

- Social Media, Facebook, Etc.
- Word of Mouth, from a friend, co-worker or family member
- Presence at an Event, Career Fair, Etc.
- OTHER _____

2) What are the greatest challenges you face to find or keep employment? (check all that apply)

- Don't know where to go for supports
- Workplace safety, bullying or harassment
- Discrimination or other attitudes
- Limited Transportation
- Finding childcare
- Lack of interpersonal skills like communication, teamwork, conflict resolution or problem solving
- Don't know what my skills or strengths are
- Lack of training or education
- Unfamiliar with the world of work
- Keep losing my job
- In need of housing
- Struggling with personal problems
- Struggling with mental or physical health
- No resume or outdated resume
- Limited job opportunities
- Lack of work experience
- Find it difficult to approach employers to apply for jobs
- Being aware of rights and responsibilities in the workplace
- Struggle using the internet to job search or apply for work/no phone access
- Other: _____

3) What type of supports would help YOU achieve your education/training goals:

4) What would you like to see in your community to help improve employment?



Miigwetch for your valued input, we appreciate it!

Shooniyaa Wa-Biitong Training & Employment Centre For The Treaty No. 3 Area

P.O. Box 2909, Kenora, Ontario, P9N 3X8 • Toll Free: 1-800-545-5113 • Fax: (807) 468-1813

PARTICIPANT INFORMATION FORM

Protected when completed

Official Use Only: CRF: <input type="checkbox"/> EI: <input type="checkbox"/>	Client ID (ARMS) Number: _____ File Number: _____	Contact: <input type="checkbox"/> Office <input type="checkbox"/> Telephone <input type="checkbox"/> Email/Mail/Fax <input type="checkbox"/> Community Site Visit Name of Community: _____	Shooniyaa Wa-Biitong undertakes follow-up surveys to determine whether program support proves beneficial. In order to conduct such surveys, information is required. Since private sector firms are often engaged to do these surveys, some, or all of the information you provide may be passed to them for this purpose. Shooniyaa Wa-Biitong will try to alert you in advance when this is being done.		
Social Insurance Number: MANDATORY → _____		Date of Birth: MANDATORY → _____ MM DD YY	Current Gender Identity : _____		
First Name: _____		Middle Initial(s): _____	Last Name: _____		
Primary Telephone: _____		Alternative Telephone (optional): _____	Mailing Address: _____		
City/Town: _____		Province: _____	Postal Code: _____		
Email Address (optional): _____					
The following provision of information is mandatory. Shooniyaa Wa-Biitong requires this information for statistical purposes only and to determine the effectiveness of employment and training programs. To assist us in this aspect, please answer the following questions:					
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single Parent <input type="checkbox"/> Married or Equivalent		Number of Dependents: _____	Do you consider yourself to be a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Aboriginal Type: <input type="checkbox"/> Not Aboriginal <input type="checkbox"/> Inuit <input type="checkbox"/> Metis <input type="checkbox"/> Registered (Status) Indian <input type="checkbox"/> Non-Status Indian	Do you reside on a First Nation? <input type="checkbox"/> Yes <input type="checkbox"/> No
First Nation Affiliation: _____		Primary Language Spoken: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Aboriginal language(s) Specify (If Aboriginal): _____	Secondary Language Spoken (optional): <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Aboriginal language(s) Specify (If Aboriginal): _____		
The following relates to your level of education attained, current employment status, and source of income:					
Primary/Secondary Education: →	<input type="checkbox"/> No Formal Education <input type="checkbox"/> Grade 1 – 12 → Grade Passed: _____ <input type="checkbox"/> High School Graduation	Year Attained: → _____	In what province did you attend your last day of school? → _____		
Post-Secondary Education: →	<input type="checkbox"/> No Post-Secondary Education <input type="checkbox"/> 1 Yr. College Dip/Cert. <input type="checkbox"/> 1 Yr. No College Dip/Cert <input type="checkbox"/> 2 Yr. College Dip/Cert. <input type="checkbox"/> 2 Yr. No College Dip/Cert <input type="checkbox"/> 3 Yr. College Dip/Cert <input type="checkbox"/> 3 Yr. No College Dip/Cert <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate	Year Attained: → _____	In what province did you attend your last day of school? → _____		
Employment Status →	<input type="checkbox"/> Employed <input type="checkbox"/> Not Employed <input type="checkbox"/> Student <input type="checkbox"/> Self-Employed				
Type of Income Benefit: →	<input type="checkbox"/> Employment Salary <input type="checkbox"/> No Income Benefit <input type="checkbox"/> Employment Insurance <input type="checkbox"/> Social Assistance <input type="checkbox"/> Canada Pension Plan <input type="checkbox"/> Canada Pension Plan Disability <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Private Insurance <input type="checkbox"/> Settlement Support <input type="checkbox"/> Ontario Disability Support Program <input type="checkbox"/> Other				

Client Consent to Release Information:

To be eligible for participation in Shooniyaa Wa-Biitong sponsored programs and services, the Client must provide the information requested and must consent to the collection, disclosure, and use of that information as described in this notice by signing the consent and release form.

I, _____ understand that the personal information collected and held by Shooniyaa Wa-Biitong will solely be
Print Name
 used to help me access employment services and benefits designed to help me prepare for, get, and keep employment.

1. I hereby grant permission for any, and all, personal information held by Shooniyaa Wa-Biitong to be disclosed, when required, on an as needed basis, to representatives of:

- Service Canada and its successor departments and agencies,
- Employment Ontario and its successor departments and agencies, and,
- Organizations under contract to either of these departments to provide employment related benefits and services.
- Another agency (Please state agency's name & contact and have client initial consent:

2. Verification of Indian status and affiliation may be required from a First Nation membership clerk/Band Administrator and Post-Secondary Counsellors.
3. Participant information may be provided to potential employers when making referrals for employment.
4. By signing this client consent form, the client authorizes the release of any test results, reports, and other information from a Shooniyaa Wa-Biitong sponsored training program to an authorized officer of Shooniyaa Wa-Biitong.
5. Should I be successful in obtaining funding from Shooniyaa Wa-Biitong, I consent to the release of my name to be published as a participant on a Shooniyaa Wa-Biitong sponsored training program.

Under the Privacy Act, the personal information collected on this form may be accessed by the participant.

Participant's Signature (Note: A signature is not required if submitting form electronically):	Date:
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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.

Official Use Only:

Referral: →	<input type="checkbox"/> Other ISET/LDM <input type="checkbox"/> FN Post-Secondary Education <input type="checkbox"/> Other Employment Agency <input type="checkbox"/> Service Canada <input type="checkbox"/> Other. Explain: _____
Type of Assistance Required →	<input type="checkbox"/> Employment Services/Career Counselling <input type="checkbox"/> Skills Enhancement <input type="checkbox"/> Wage Subsidy <input type="checkbox"/> Special Employment Supports <input type="checkbox"/> Travel Assistance <input type="checkbox"/> Self-Employment <input type="checkbox"/> Other
Further Action: →	

Program Officer:	Date:
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Toll Free: 1-800-545-5113 • Fax: (807) 468-1813

PHOTOGRAPHY & VIDEO RELEASE FORM

I (print name) _____ have chosen to participate in the

(Name of Program) _____, I authorize the following:

- I hereby consent and authorize Shooniyaa Wa-Biitong (the "Organization") the right to reproduce, use, exhibit, display, broadcast, distribute, and create derivative works of the photographed and/or filmed images of me, taken for use in connection with the activities of the Organization or for promoting, publicizing, or explaining the Organization or its activities.
- This authorization includes, without limitation, and without reimbursement, the right to publish such images in the Organizations PR/promotional materials, such as marketing publications, advertisements, community presentations, and any other Organization-related publications.
- These images may appear in any of the wide variety of formats and media now available to the Organization and that may be available in the future, including but not limited to print, broadcast, videotape, digital, and electronic/online social media formats.

This consent is given in perpetuity and does not require prior approval by me.

Signature: _____

Date: _____

The below signed parent or legal guardian of the above-named minor child hereby consents to and gives permission to the above on behalf of such minor child.

Signature of Parent
or Legal Guardian: _____ **Print Name:** _____