



Labrador Aboriginal  
Training Partnership

## APPLICATION FOR FUNDING ASSISTANCE

### LABRADOR ABORIGINAL TRAINING PARTNERSHIP

P.O. Box 1000, Stn. C, Happy Valley-Goose Bay, Labrador A0P 1C0

Telephone: 709-896-3500 Toll Free: 1-877-896-5006 Fax: 709-896-3506 Email: admin@latp.ca

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Name: \_\_\_\_\_

Current Address \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Social Insurance Number (SIN): \_\_\_\_\_

Which Aboriginal Group are you a Member of: \_\_\_\_\_

Band, Beneficiary or Membership Number: \_\_\_\_\_ Date of Birth (M/D/Y): \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: Male\_\_\_\_ Female\_\_\_\_

Marital Status: Single\_\_\_\_ Married\_\_\_\_

Common-Law\_\_\_\_ Other\_\_\_\_

Telephone #: \_\_\_\_\_ Message #: \_\_\_\_\_

Highest Grade of Education: \_\_\_\_\_ Year Completed: \_\_\_\_\_

**Provide change of address or telephone number when applicable.**

**Provide change of marital and/or dependent status if it changes during the course of your training.**

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COURSE APPLIED FOR: \_\_\_\_\_

Institution: \_\_\_\_\_

Location: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Have you applied to the Institution? YES\_\_\_\_ NO\_\_\_\_ Have you been accepted? YES\_\_\_\_ NO\_\_\_\_

(If YES, submit copies showing that you have applied and/or been accepted.)

Cost of Course, Materials and Equipment (if known & submit copies) \_\_\_\_\_

Do you have any previous training? YES\_\_\_\_ NO\_\_\_\_

If YES, please specify Training and Institution: \_\_\_\_\_

Length of training: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Have you applied for funding assistance from another agency: Yes \_\_\_\_ NO \_\_\_\_

If Yes, Please specify where \_\_\_\_\_

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#### LIVING ARRANGEMENTS WHILE IN TRAINING

Are you living with a spouse/parent? YES\_\_\_\_ NO\_\_\_\_ Name of spouse/parent: \_\_\_\_\_

Is the spouse/parent receiving taxable income? YES\_\_\_\_ NO\_\_\_\_

If YES, type of income: \_\_\_\_\_ While in training, will you be living at home? YES\_\_\_\_ NO\_\_\_\_

If NO, will you be maintaining your home as well as an additional residence? YES\_\_\_\_ NO\_\_\_\_

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DEPENDENTS

Are you responsible for the support of a spouse and/or children? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please provide the following information.

Dependent Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth (M/D/Y): \_\_\_\_/\_\_\_\_/\_\_\_\_

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Dependent Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth (M/D/Y): \_\_\_\_/\_\_\_\_/\_\_\_\_

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Dependent Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth (M/D/Y): \_\_\_\_/\_\_\_\_/\_\_\_\_

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Dependent Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth (M/D/Y): \_\_\_\_/\_\_\_\_/\_\_\_\_

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INCOME SOURCE

Are you presently employed? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, give employer's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Hours/Week: \_\_\_\_\_

If NO, your last employer: \_\_\_\_\_ Last day worked: \_\_\_\_\_

Are you currently EI eligible? YES \_\_\_\_\_ NO \_\_\_\_\_ Have you applied for EI? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you currently receiving EI benefits? YES \_\_\_\_\_ NO \_\_\_\_\_ Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you received EI benefits in the last three years? YES \_\_\_\_\_ NO \_\_\_\_\_

Social Assistance Recipient? YES \_\_\_\_\_ NO \_\_\_\_\_ Other YES \_\_\_\_\_ NO \_\_\_\_\_

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I hereby confirm that I am applying for financial assistance, accept the following conditions and give my written consent:

- A. To meet the institution requirements for continuation of my studies.
- B. To report any changes to my training and/or program status promptly.
- C. To manage the financial assistance to the best of my ability.
- D. To authorize The Labrador Aboriginal Training Partnership (LATP), on my behalf, to confer with HR&E, HRSDC and/or LMDA regarding my income and eligibility; your respective Aboriginal Training Partner or Organization for eligibility and partnering; and the training institution for progress and results.
- E. To make every effort to successfully complete the training course. If problem exist you will contact the LAPT immediately for support.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_