



Southeast Resource Development Council Corporation
Training and Employment Program
200-208 Edmonton Street, Winnipeg, Manitoba, R3C 1R7
Phone: (204) 943-1656, Fax: (204) 943-1735
Email: scfdc@serdc.mb.ca

SPONSERSHIP APPLICATION

DATE: ____ / ____ / ____
 D M Y

NOTE: ALL APPLICATIONS WILL UNDERGO INVESTIGATION WITH INCOME ASSISTANCE (INCLUDING BAND, CITY, OR PROVINCIAL) AND EMPLOYMENT INSURANCE BEFORE THEY ARE APPROVED.

Before filling out application, please note the following points:

- a) Southeast Training & Employment funding is short term funding, anything over (10) ten months will not be considered. Applicant must apply to Southeast Student Services.
- b) All applications will and must be approved by your Community Training and Employment Portfolio Councillor.

Please complete the following questions:

A) What is your current source of income? _____

B) Do you receive **Income Assistance (Band/City/Provincial) assistance?** Y_____N_____

If yes, name of case worker and case number _____

C) Do you receive **Employment Insurance Benefits?** Y_____ N_____

If not, did you receive Employment Insurance in the last three years? Y_____ N_____

D) Will you be able to secure a full time job when you complete the training? Y_____N_____

E) Do you qualify as being a youth? (Between the age of 16-29) Y_____ N_____

F) Will you need to relocate to attend training? Y_____N_____

G) Do you have any disabilities? Y_____N_____ If yes, Describe _____

PERSONAL INFORMATION:

Surname: _____ First Name: _____ Initial: _____

Address: _____ City: _____ Postal Code: _____

Telephone: _____ E-Mail: _____

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? _____

TRAINING COURSE INFORMATION:

What school/training institute/workshop 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/days will you be in class? _____

How many days/week will you be in class? _____

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

EMPLOYMENT INFORMATION FOR EMPLOYMENT ASSISTANCE CLIENTS:

Did you receive an offer for/find employment? If yes, is it full time _____ part time _____

What is the name of the company? _____

Contact person and telephone number. _____

What type of assistance is needed to enable you to become employed with this employer?

Safety Equipment _____ Transportation _____ Bus Pass _____

Please note: A letter of confirmation from company must accommodate this application.

WHAT TYPE OF SPONSORSHIP ARE YOU REQUESTING? (Please check only one)

- | | | | |
|----|---|-----------|----------|
| a) | Tuition only? | Yes _____ | No _____ |
| b) | Tuition and texts only? | Yes _____ | No _____ |
| c) | Tuition/texts/living allowance and bus pass? | Yes _____ | No _____ |
| d) | Tuition/Texts/living allowance/child care/bus pass? | Yes _____ | No _____ |
| e) | Living allowance only? | Yes _____ | No _____ |
| f) | Living allowance and bus pass only? | Yes _____ | No _____ |
| g) | Texts only? | Yes _____ | No _____ |
| h) | Travel Allowance and bus pass only? | Yes _____ | No _____ |
| i) | Bus Pass and supplies only? | Yes _____ | No _____ |
| j) | Employment Assistance? | Yes _____ | No _____ |
| k) | Daycare Assistance? | Yes _____ | No _____ |

NOTICE OF DISCLOSURE/AUTHORIZATION TO RELEASE INFORMATION

To the best of 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 Southeast Training and Employment 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 investigating any information pertaining to any of this application form.

Signature of Applicant

Date

Signature of Staff Member of
SERDC Training and Employment

Date

For Office Use Only:

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 _____

Approved under the following: _____ Regular CRF _____ Urban CRF

_____ Regular E.I. _____ Urban E.I.

_____ Youth _____ Disability

_____ Other, please specify _____

Approved: Yes _____ No _____

If not approved, reason: _____