



PART-TIME ELIGIBILITY QUESTIONNAIRE

NAIT Financial Aid

Name: _____ Phone: _____

PLEASE APPLY 2 MONTHS PRIOR TO YOUR TRAINING START DATE

Please choose TRUE or FALSE:

I am seeking to enter part-time studies (1 or 2 courses).	
I have been out of high school for 12 months before the start of the course.	
I am 18 years or older, a single married parent.	
<ul style="list-style-type: none">OR I have a spouse who is 18 years or older.	
I am a resident of Alberta.	
I have experienced difficulty in accessing sustainable OR higher skilled work due to limited job specific skills.	
I meet the Alberta Learning provincial part-time income threshold table. (SEE TABLE BELOW).	
I have never received Student Finance part-time funding before OR if I have, I have passed my course(s) successfully.	

FAMILY SIZE	NET INCOME (LINE 236)
Single	\$35,000
Single parent of 1 / Couple with no children	\$40,000
Single parent of 2 / Couple with 1 child	\$45,000
Single parent of 3 / Couple with 2 children	\$50,000
Single parent of 4 / Couple with 3 children	\$55,000
Single parent of 5 / Couple with 4 children	\$60,000
Single parent of 6 / Couple with 5 children	\$65,000
Single parent of 7 / Couple with 6 children	\$70,000
Single parent of 8 / Couple with 7 children	\$75,000

***** Please note that funding applications can take 4 – 6 weeks to process *****

PART-TIME

Skills Investment Program (SIP) Checklist

Please ensure that you gather and complete all of the documents listed below, and submit them to NAIT Financial Aid. Please note that incomplete documentation could create a delay with your funding request. To submit your documents, you may drop them off in person to NAIT Financial Aid (O111, South Lobby) or mail them to:

NAIT Financial Aid
Room O111, 11762-106 Street
Edmonton, AB T5G 2R1

The following forms are in this envelope for you to complete in FULL:

“Do You Qualify” Eligibility Questionnaire
NAIT Client Information Form
Part-Time Training Questionnaire
Government of Alberta Register A Person Form (EMP 3961)
Alberta Works SIB Part-Time Training Application (EMP 5571)

Additional forms to submit with this application:

High School Transcripts or Statement of Marks

College Preparation Plan (if applicable)

EAL Placement Test (if applicable)

Most Recent Grant Funded Semester Marks (if applicable)

Resume (current)

IQAS Results (if applicable)

For first time Landed Immigrants and Sponsored Immigrants: Copy of your IMM1000 Record of Landing or your IMM5292 Confirmation of Permanent Residence for you and your spouse.

Any additional information to support your application (medical notes, Record of Employment, letters explaining prior training or funding attempts, etc...)

Client Information for Alberta Works Learner Grant Application

Last Name	First Name			
E-mail	NAIT ID Number			
Marital Status				
	Single	Married	Cohabiting Partner	Separated, Divorced or Widowed
How many Dependants live with you?	Ages 0-11 years	Ages 12-16 years	Ages 17-18 years	Adults other than your spouse
Current Income				
Employment :	Not Employed	Employed Part-Time (less than 20 hrs/wk)	Employed Full-time (20 hrs/wk or more)	
What are your current sources of income? (check any that apply to you or your spouse)	Employment Employment Insurance Severance Package Savings Other, specify:	Income Support - ETW (Expected to Work) Income Support - NETW (Not Expected to Work) Income Support – Learner	WCB AISH Pension Disability Insurance	
Life Management & Planning				
Current living situation:	Own home Pay mortgage	Pay rent Rent - share with roommate(s) Rent Social Housing (Capital Region Housing)	Stay with family (do not pay rent to landlord) Looking for place to live	
Transportation plan to/from school:	bus	bike/walk	ride from family/friend	vehicle (need parking)
Child care plan for children under 12 yrs of age:	not required – I do not have children under age 12 uncertain – still planning spouse licensed daycare/day-home private babysitter other _____			
What is your child care back-up plan ?				
What is your financial back-up plan if funding is delayed?				
Do you have any upcoming legal issues that may interfere with your ability to attend school? No Yes - If yes, please briefly explain				
Please rate your readiness for school on a scale of 1 to 10				
1-----2-----3-----4-----5-----6-----7-----8-----9-----10				
Very worried/scared		Somewhat concerned		Excited to get started

SKILLS INVESTMENT PROGRAM GRANT FUNDING CONTACT INFORMATION

The provision of a Contact name is voluntary. By providing us with this information, you are agreeing that we may contact one or more of these people in the event that we are unable to reach you. To remove or change a contact name, please contact your Case Manager at NAIT Financial Aid.

This information may be used to contact you during the period of time we have an active file with you. For example, we may contact you to change an appointment, to ask if the services or training have been helpful, or for follow-up and audit purposes. This follow up assists us in planning for future programs and services.

We recommend that you check with the person(s) whose name and phone number you are providing, so that they know you have given us permission to ask them for information. The only information we would be asking for would be a current phone number or address for you, or to request that they ask you to contact us.

Please provide a contact name and phone number of two individuals not living with you.

First Name:	Last Name:
Relationship (optional):	Phone:

First Name:	Last Name:
Relationship (optional):	Phone:

Signature:	Date:
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We ask for this personal information for the purposes stated on this form. The collection, use and disclosure of your information is done under the authority of the Income and Employment Supports Act (Alberta) and the Employment Insurance Act (Canada), and is in compliance with the Freedom of Information and Protection of Privacy Act (Alberta) and the Privacy Act (Canada). If you have any questions about the collection of this information, you may contact the nearest Human Services office (Alberta Service Centre/Canada-Alberta Service Centre).

SIP PART-TIME TRAINING QUESTIONNAIRE

Please complete all questions in detail.

Name

Last

First

What is your occupational/career goal?

What are the skills and/or training required for this goal?

What is the starting salary/wage of this occupation/goal?

What steps are required to reach your final occupation/career goal? Please detail how many part-time and full-time semesters you plan on completing.

List the specific courses for which you are requesting grant funding on this application. Include both course name and course number.

1.

2.

What is the anticipated change to your salary/wage once training is complete?

What benefits other than financial are expected after completion of training?

Please explain why you chose part-time learning to achieve your occupational/career goal:

Employment History

Please list your **last four jobs and/or volunteer work** beginning with the current or most recent.

Company Name:	
Occupation/Job Title:	City/Prov or Country (if outside of Canada)
Estimated start date: (mmm/dd/yyyy) / /	Estimated end date: (mmm/dd/yyyy) / /
Average hours per week:	Wage: <input type="checkbox"/> per hour or <input type="checkbox"/> per month
Reason for leaving (leave blank if this is your current job):	

Company Name:	
Occupation/Job Title:	City/Prov or Country (if outside of Canada)
Estimated start date: (mmm/dd/yyyy) / /	Estimated end date: (mmm/dd/yyyy) / /
Average hours per week:	Wage: <input type="checkbox"/> per hour or <input type="checkbox"/> per month
Reason for leaving:	

Company Name:	
Occupation/Job Title:	City/Prov or Country (if outside of Canada)
Estimated start date: (mmm/dd/yyyy) / /	Estimated end date: (mmm/dd/yyyy) / /
Average hours per week:	Wage: <input type="checkbox"/> per hour or <input type="checkbox"/> per month
Reason for leaving:	

Company Name:	
Occupation/Job Title:	City/Prov or Country (if outside of Canada)
Estimated start date: (mmm/dd/yyyy) / /	Estimated end date: (mmm/dd/yyyy) / /
Average hours per week:	Wage: <input type="checkbox"/> per hour or <input type="checkbox"/> per month

Education/Training History

What was your **HIGHEST LEVEL** of elementary / junior high / or senior high school completed?

This is **mandatory information** for grant funding to be activated.

Institution Name:

City/Prov /Country:

Highest grade completed:

Estimated start date:
(mmm/dd/yyyy) / /

Estimated end date:
(mmm/dd/yyyy) / /

Program Type:
☐ full-time ☐ part-time ☐ distance

Received High School Diploma?
☐ yes ☐ no

Other Education/Training: (list most recent first)

Institution Name:

Type of Qualification:

City/Prov/Country:

☐ ESL ☐ 1 yr certificate ☐ 1st Year Apprentice
☐ GED ☐ 2 yr diploma ☐ 2nd Year Apprentice
☐ College Entrance ☐ Applied Degree ☐ 3rd Year Apprentice
☐ Bachelor Degree ☐ 4th Year Apprentice
☐ Masters Degree ☐ Journeyman
☐ Doctoral Degree

Estimated start date:
(mmm/dd/yyyy) / /

Estimated end date:
(mmm/dd/yyyy) / /

Program Type:
☐ full-time ☐ part-time ☐ distance

Completion Status:
☐ complete ☐ incomplete

Program Name:

Institution Name:

Type of Qualification:

City/Prov/Country:

☐ ESL ☐ 1 yr certificate ☐ 1st Year Apprentice
☐ GED ☐ 2 yr diploma ☐ 2nd Year Apprentice
☐ College Entrance ☐ Applied Degree ☐ 3rd Year Apprentice
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Program Type:
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