



ESL ELIGIBILITY QUESTIONNAIRE

NAIT Financial Aid

Name: _____ Program _____ Phone # _____

PLEASE APPLY 3 MONTHS PRIOR TO YOUR TRAINING START DATE

Please circle TRUE or FALSE:

I have taken the <u>ESL Placement Test</u> at NAIT	
I am 18 years old or older <u>OR</u> I have a spouse who is 18 years old or older	
I am Permanent Resident (Landed Immigrant) <u>OR</u> a Canadian Citizen	
I am a resident of Alberta	
I am not working <u>OR</u> working less than 20 hours per week	
I have been out of high school for 12 months before the start of the program	
I am a Canadian Citizen <u>OR</u>	
I have finished LINC Level 5 or higher, <u>OR</u>	
I have scored 5 or higher on the Canadian Language Benchmark Test	
***** IF YOU ARE EMPLOYED, DO NOT QUIT YOUR JOB OR REDUCE YOUR HOURS BEFORE MEETING WITH A CASE MANAGER*****	
I am currently receiving regular EI benefits, <u>OR</u>	
I have received EI in the past 3 years; <u>OR</u>	
I have received maternity or parental benefits in the past 5 years; <u>OR</u>	
I have at least 700 insurable hours of work in the past 52 weeks (1year)	

You may qualify to receive Skills Investment Grant Funding.

To be completed by Financial Aid Specialist	Funding Type	Non EI	EI
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Skills Investment Program (SIP) Checklist

Please ensure that you bring all of the information listed below when you come to book your appointment. Incomplete documentation will result in delay of your appointment booking.

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

“Do You Qualify” Eligibility Questionnaire
NAIT Client Information Form
SIP Assessment Questionnaire
ESL Grant Applicant Questionnaire
Job Search Record
Budget Planner
Alberta Works Registration Form
Education and Employment History
Income Support Application for Full-Time Study

Additional forms to bring when you meet with a Financial Aid Specialist:

NAIT ESL Placement Test Result Form

Proof of LINC training or CLB Assessment results

Resume (current)

IQAS Results (if applicable)

For first time Landed Immigrants/Sponsored Immigrants: Copy of your IMM1000 Record of Landing or your IMM5292 Confirmation of Permanent Residence (*Applicant and spouse*)

For Refugees only: Copy of your Notice of Decision, Study Permit and Work Permit documents

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

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 ASSESSMENT QUESTIONNAIRE

Name

Last

First

Please complete all questions in detail.

You and the Occupation

What is your occupational/career goal?

What research have you done to make this your decision?

After graduation from your NAIT program, what additional steps are required to work in this industry? (Example: Professional Association Exams etc.)

Academic History

What training have you attended? (Include both complete and incomplete)

How long have you been out of high school?

How long has it been since you have been a full-time student?

Have you ever attended NAIT? (Part-time or Full-time) YES NO

What year did you attend NAIT?

What challenges do you foresee upon your return to full-time studies?

Have you ever been diagnosed with a learning disability? YES NO

If yes, please explain:

Will you require additional supports to be successful in school? YES NO

If yes, what type of support will you need?

Personal Management

What are your strengths?

What are your weaknesses?

Provide details about a time when you had to solve a problem. Briefly explain the situation.

How do you manage your stress?

If you were having trouble with school due to personal or academic issues, what steps would you take? List specific strategies and/or the people you would talk with.

Health

Do you have any health limitations that may interfere with your success in your chosen career?

YES NO

If yes, please explain

Is there anyone close to you who is dealing with health issues at this time? YES NO

If yes, will you be required to care for this person while you attend school? YES NO

If yes, please explain:

What family responsibilities, if any, do you have now?

Will these responsibilities interfere with your education?

YES NO

If yes, please explain:

Are there issues of substance abuse (self/family) that could affect your success in school?

YES NO

If yes, how will you ensure that you will be able to attend classes regularly and succeed in school?

Accessibility

Do you have a criminal record that may harm your employability upon graduation?

YES NO

If yes, what research have you done in resolving this matter?

Do you have any upcoming legal actions that may interfere with your ability to attend school regularly? *If yes, please briefly explain*

YES NO

What support do you receive from your family/friends?

Please describe your current living situation (roommate, apartment, etc)

Is your current living situation safe and adequate for your needs?

YES NO

Do you plan on moving in the near future?

YES NO

If yes, please explain:

What method of transportation will you use to get to/from school?

What are the names and ages of your children?

Do you have childcare arranged for the children under 12 years of age? **YES** **NO** **N/A**
If yes, what is your emergency childcare backup plan?

Is transportation available to/from daycare? **YES** **NO**

Financial Situation

Does the amount of funding available (through the SIP Grant) cover your basic needs?
YES **NO**

What is your financial back-up plan if funding is delayed?

Additional Comments

The information that I have provided in this assessment interview is true and to the best of my knowledge.

Assessor's Comments

ESL GRANT APPLICANT QUESTIONNAIRE

Please complete all questions in detail.

Name

Last

First

Section 2 – Career Goal

What is your career goal?

Why?

What training do you need?

What is the salary for this career?

Section 4 – Signature of Learner

The information I have provided on this form is true and accurate.

Signature of Learner:

Date:

Office Use Only:

Case Manager Notes:

Family Budget While in School

Monthly Expenses		Monthly Resources	Self	Spouse/ Partner
Rent		Wages (net pay)		
Mortgage		Child Support		
Property Tax		Spousal Support		
Home/Renter's Insurance		Self Employment Income		
Heat		Employment Insurance Benefits (net)		
Power/Water		Gifts		
Phone/Cell		Rental Property Income (gross)		
Cable/Internet		Room and Board Income (gross)		
Food		Aboriginal Funds (Band or AHRDA)		
Clothing		AISH (Assured Inc for the Severely Handicapped)		
Personal Care/Household Items		WCB (Worker's Comp Benefits)		
Bus Passes		Canada Pension Plan		
Gas/Maintenance		Disability Insurance		
Vehicle Insurance		Child Tax Benefit		
Car Loan/Lease Payment		Universal Child Care		
Parking		GST Credit (quarterly cheque ÷ 3 months)		
Child Care		Household Assets		
Medication not covered by health plan		Savings you expect to have when school starts		
Holistic health products		RRSP's (Registered Retirement Savings Plan)		
Life Insurance Premiums		RESP's (Registered Education Savings Plan)		
Credit Card (monthly payment)		Scholarships/Bursary		
Personal/Consolidation Loan		Term deposits		
2 nd Mortgage		Bonds		
Line of Credit Payment		Stocks		
Child Support Payment		GIC's		
Other Payments		Property or land other than the home you live in		
		Other Assets		

Note: During your assessment, your Case Manager will use this information to ESTIMATE your grant amount to help you prepare for school.

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: <input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> distance	Received High School Diploma? <input type="checkbox"/> yes <input type="checkbox"/> no

Other Education/Training: (list most recent first)	
Institution Name:	Type of Qualification:
City/Prov/Country:	<input type="checkbox"/> ESL <input type="checkbox"/> 1 yr certificate <input type="checkbox"/> 1 st Year Apprentice <input type="checkbox"/> GED <input type="checkbox"/> 2 yr diploma <input type="checkbox"/> 2 nd Year Apprentice <input type="checkbox"/> College Entrance <input type="checkbox"/> Applied Degree <input type="checkbox"/> 3 rd Year Apprentice <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> 4 th Year Apprentice <input type="checkbox"/> Masters Degree <input type="checkbox"/> Journeyman <input type="checkbox"/> Doctoral Degree
Estimated start date: (mmm/dd/yyyy) / /	
Estimated end date: (mmm/dd/yyyy) / /	
Program Type: <input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> distance	
Completion Status: <input type="checkbox"/> complete <input type="checkbox"/> incomplete	Program Name:

Institution Name:	Type of Qualification:
City/Prov/Country:	<input type="checkbox"/> ESL <input type="checkbox"/> 1 yr certificate <input type="checkbox"/> 1 st Year Apprentice <input type="checkbox"/> GED <input type="checkbox"/> 2 yr diploma <input type="checkbox"/> 2 nd Year Apprentice <input type="checkbox"/> College Entrance <input type="checkbox"/> Applied Degree <input type="checkbox"/> 3 rd Year Apprentice <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> 4 th Year Apprentice <input type="checkbox"/> Masters Degree <input type="checkbox"/> Journeyman <input type="checkbox"/> Doctoral Degree
Estimated start date: (mmm/dd/yyyy) / /	
Estimated end date: (mmm/dd/yyyy) / /	
Program Type: <input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> distance	
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Institution Name:	Type of Qualification:
City/Prov/Country:	<input type="checkbox"/> ESL <input type="checkbox"/> 1 yr certificate <input type="checkbox"/> 1 st Year Apprentice <input type="checkbox"/> GED <input type="checkbox"/> 2 yr diploma <input type="checkbox"/> 2 nd Year Apprentice <input type="checkbox"/> College Entrance <input type="checkbox"/> Applied Degree <input type="checkbox"/> 3 rd Year Apprentice <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> 4 th Year Apprentice <input type="checkbox"/> Masters Degree <input type="checkbox"/> Journeyman <input type="checkbox"/> Doctoral Degree
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