



## FULL-TIME ELIGIBILITY QUESTIONNAIRE

NAIT Financial Aid

Name: \_\_\_\_\_ Program: \_\_\_\_\_ Phone # \_\_\_\_\_

### PLEASE APPLY 3 MONTHS PRIOR TO YOUR TRAINING START DATE

Please choose TRUE or FALSE:

I am 18 years old or older	
<ul style="list-style-type: none"><li>• OR I have a spouse who is 18 years old or older</li></ul>	
I am a resident of Alberta	
I am unemployed <b>OR</b> working less than 20 hours per week average in the last 3 months (prior to today)	
<b>***** IF YOU ARE EMPLOYED, <u>DO NOT QUIT YOUR JOB OR REDUCE YOUR HOURS</u> BEFORE MEETING WITH A FINANCIAL AID SPECIALIST*****</b>	
I have been out of high school for 12 months before the start of the program	
I do <b>NOT</b> have a recent/marketable post-secondary Degree, Diploma or 1 year Certificate in Canada	
I am currently receiving regular EI benefits, OR	
<ul style="list-style-type: none"><li>• I have received EI in the past 3 years; OR</li></ul>	
<ul style="list-style-type: none"><li>• I have received maternity or parental benefits in the past 5 years; OR</li></ul>	
<ul style="list-style-type: none"><li>• I have at least 700 insurable hours of work in the past 52 weeks (1year)</li></ul>	

You may qualify to receive Skills Investment Grant Funding.

To be completed by Financial Aid Specialist      Funding Type \_\_\_\_\_ Non EI \_\_\_\_\_ EI \_\_\_\_\_



OFFICE OF THE REGISTRAR

## **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  
Career Investigation Report  
Budget Planner  
Job Search Record  
Education and Employment History Work Sheet  
AELL Registration Form (EMP 3961)  
Income Support Application for Full-Time Study

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

NAIT Acceptance Letter or College Preparation Plan

High School Transcripts or Statement of Marks

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

NAIT EAL Assessment Exam Results (if applicable)

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).

## Personal Management

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What are your strengths?

What are your weaknesses?

What strategies do you use to handle stress?

Describe a time when you had to solve a problem. (Briefly describe the situation, strategies you used and the results achieved)

## Health

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Do you have any health limitations that may interfere with your attendance in school?

No      Yes      If yes, please explain (medical condition, frequency of appointments, etc). Please bring a doctor's note with condition, limitations and/or readiness for full-time work and training.

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

No      Yes      If yes, please explain

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

If yes: Will you be required to accompany this person to appointments?      No      Yes

Are you the primary care giver for this person?      No      Yes

Please describe how this situation may affect your plans for school:

Do you have any issues of substance abuse (self/family) that could affect your success in school?

No      Yes      If yes, please explain you plans to attend class regularly and succeed in school:

## Education Experience & Concerns

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Have you been **diagnosed with a learning disability**?      No      Yes

If yes, explain how long ago, name of the condition, what supports you require, etc?

Have you made an appointment with **NAIT Supports for Students with Disabilities**?      No      Yes

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

**List study strategies** that you plan to use:

**If you were having trouble with school due to personal or academic issues**, who/where would you go for assistance?

List any services you are aware of:

Who in your personal network (family, friends, and community) could help?

What level of **computer skills** do you have?

Basic and need improvement      Intermediate (adequate for school and work assignments)      Advanced

Have you ever attended **NAIT** previously?      No      Yes, Part-time      Yes, Full-time

Have you ever received **grant funding before**?

No      Yes, I am current on grant funding at another school      Yes, in the past \_\_\_\_\_ (month/year)

If yes, which school are/were you attending?

Do you have a criminal record?

No      Yes      If yes, what research and steps have you done to resolve this matter?

# CAREER INVESTIGATION REPORT

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**Name:**

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**Occupational Goal:**

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**Careful research into your goal is important** as you must be committed to your employment goal to be eligible for grant funding. You need to know that the occupation **suits you** (your values, interests, strengths, personal lifestyle, etc), there are **stable opportunities for a sustainable wage** to support your family, and that you are pursuing the **best education path** to reach your goal.

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## Occupation Information

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What research have you done to make your decision? List the variety of your sources of information.

Give the **names and job titles of 3 people** that you contacted for information about this occupation. **At least 2 of them should be people who work in the occupation in Alberta.** They all should have personal knowledge of the occupation and the current job market (employers, instructors, professional association members, recent graduates, etc)

- 1.
- 2.
- 3.

What did you learn from talking to them?

What do people in this occupation actually do in the job? (Briefly list typical duties)

- |    |    |
|----|----|
| 1. | 3. |
| 2. | 4. |

What did they like most/least about their work?

What salary can you expect to make when you start?

What are the working conditions?

Hours of work (shifts, weekends, overtime, part-time, full-time, etc)

Place of work (inside, outside, office, assembly line, travel, rural, urban, etc)

## **You and the Occupation:**

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How long ago did you decide that you wanted to work in this field?

Why do you think this occupation is suitable or appropriated for you? Why did you choose this occupation?

What special qualities/strengths/talents do you have that make you suitable for this kind of work?

Do you have any health problems that would interfere with your ability to do this kind of work?

No      Yes      If yes, what are the limitations and how do you plan to overcome them?



## Education Information

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What specific training (diploma, certificate, journeyman ticket or degree) is needed to find work in this field?

Where is the training available? (List ALL school options – can refer to Occupation Profiles on [www.alis.alberta.ca](http://www.alis.alberta.ca) for this information)

Which school and specific program do you plan to attend? How long is the training program? What is the reason for your choice?

After graduation from this program, are there additional steps (e.g., professional association exams, licensing, criminal record checks, etc) that will need to be completed before you will be marketable for jobs?

No      Yes      If yes, please describe:

What are the specific competitive entrance requirements are needed to get accepted to this program?

Do you have official high school transcripts?      No      Yes

Do you have these pre-requisites?      No      Yes

If you require upgrading, what is your plan? (school, program, start date)

## Employment Opportunities

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Name four local companies/employers who hire people who have this specific training:

- |    |    |
|----|----|
| 1. | 3. |
| 2. | 4. |

What is the current demand and what employment opportunities are available for people entering this field now?

What is the future outlook?

Where did you get this information on the Alberta job market for this occupation?

Name 2 related occupations where you could do similar work?

- 1.
- 2.

Are you interested in self-employment in this field?      No      Yes

If yes, what opportunities do you see for self-employment in this field (e.g., free-lancing, consulting, starting your own business, etc)? What steps do you plan to take to reach that goal?

## Readiness Information

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In order to be successful in school/training you need to be ready to attend. Check the boxes below and indicate your **level of readiness** on a scale of 1 to 10 (**1 = NOT READY** and **10 = READY**).

Disciplined	1-----2-----3-----4-----5-----6-----7-----8-----9-----10
Capable	1-----2-----3-----4-----5-----6-----7-----8-----9-----10
Organized	1-----2-----3-----4-----5-----6-----7-----8-----9-----10
In control of events of my life	1-----2-----3-----4-----5-----6-----7-----8-----9-----10
Have enough money to meet my needs plus emergencies	1-----2-----3-----4-----5-----6-----7-----8-----9-----10
Have arranged child care and back-up for emergencies	1-----2-----3-----4-----5-----6-----7-----8-----9-----10
In good health	1-----2-----3-----4-----5-----6-----7-----8-----9-----10

## JOB SEARCH RECORD

In order to determine your need for training and to assess your present employability situation, you are asked to demonstrate that you **have not** been able to obtain sustainable employment with your present skills and work experience.

Use this page to track your job-search efforts and the employer contacts you have made, within the past three months. (Please make copies of this form if you require more space for your entries.) If you have already been recording your job-search efforts, you may submit a copy of your own records in addition to using this form.

[illegible]

## 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		<b>Household Assets</b>		
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 <sup>nd</sup> 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:  
☐ 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                      ☐ 1<sup>st</sup> Year Apprentice  
☐ GED                      ☐ 2 yr diploma                      ☐ 2<sup>nd</sup> Year Apprentice  
☐ College Entrance                      ☐ Applied Degree                      ☐ 3<sup>rd</sup> Year Apprentice  
☐ Bachelor Degree                      ☐ 4<sup>th</sup> 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                      ☐ 1<sup>st</sup> Year Apprentice  
☐ GED                      ☐ 2 yr diploma                      ☐ 2<sup>nd</sup> Year Apprentice  
☐ College Entrance                      ☐ Applied Degree                      ☐ 3<sup>rd</sup> Year Apprentice  
☐ Bachelor Degree                      ☐ 4<sup>th</sup> 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                      ☐ 1<sup>st</sup> Year Apprentice  
☐ GED                      ☐ 2 yr diploma                      ☐ 2<sup>nd</sup> Year Apprentice  
☐ College Entrance                      ☐ Applied Degree                      ☐ 3<sup>rd</sup> Year Apprentice  
☐ Bachelor Degree                      ☐ 4<sup>th</sup> 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: