

Ginew Employment & Training Services, Inc.

Sponsorship Application

P.O. Box 210
Ginew, MB R0A 2R0
(T) 204-427-3370
(Toll free) 866-838-4962
(F) 204-427-2803

Responsibility Centre (RC): 4186273

File Number (Source of Funding):
CRF# 010214260
EI# 010214344

CLIENT IDENTIFICATION

Last Name:	First Name:	Middle Initials:
Date of Birth (D/M/Y)	Social Insurance #	
Treaty #	Band Name:	Province:
Marital Status: Single Married/Common Law Widowed Divorced	# Of Eligible Dependents (under 18):	
Dependants Name:	Age:	

CONTACT INFORMATION

Street Address or Box #	Apartment/Unit #	
City/Town:	Province:	Postal Code:
Home #	Cell #	Email:
Emergency Contact Name:		Phone #:

GINEW EMPLOYMENT & TRAINING SERVICES, INC.

SPONSORSHIP APPLICATION

EDUCATIONAL HISTORY (COPY OF TRANSCRIPTS REQUIRED FOR CONSIDERATION)

Secondary Education Information:

Name of School:

Highest Grade Completed:

Year Completed:

Diploma: (please mark with a V and attach a copy)

Academic Grade 12:

Adult Education:

GED:

Previous Educational Institutions Attended:

Name:

Address:

Program:

Course Length:

Start Date:

Completion Date:

Certification: (please circle and attach a copy)

Certificate

Diploma

Degree

Program Funded By: (please circle)

Self-Supported

GETS Inc.

RRAFN Post-Secondary

RRAFN Chief & Council

Student Loan

Prior Sponsorship Information:

Have you ever withdrawn from a program?

Yes

or

No

Name of School:

Name of Program:

Start Date:

Date of Withdrawal:

Reason(s) for withdrawal:

GINEW EMPLOYMENT & TRAINING SERVICES, INC.

SPONSORSHIP APPLICATION

REQUEST FOR SPONSORSHIP

I, _____ hereby apply for assistance, under the Ginew Employment & Training Services, Inc. Program to attend:

Name of School:

Address:

Program Name:

Start Date:

End Date:

Tuition Cost:

Other Costs (Books/Uniform):

Documents Required For Sponsorship: (please circle and attach)

Acceptance Letter

Letter of Request

Action Plan

APPLICANTS CONSENT

I, _____ hereby authorize release of information concerning my circumstances, financial, medical or otherwise to Ginew Employment & Training Services, Inc. This will include information regarding claims and payments under Social Assistance.

I agree to inform Ginew Employment & Training Services, Inc. immediately of any change of address, marital status, family, financial, medical, and social conditions.

I declare that all the information in this application is complete and true. I understand that if any of the information found untrue my application will be withdrawn.

SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE (if applicant is under 18 yrs. Of age)

GINEW EMPLOYMENT & TRAINING SERVICES, INC.

SPONSORSHIP APPLICATION

FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED:

DATE ACCEPTANCE LETTER RECEIVED:

DATE ACTION PLAN RECEIVED:

TRANSCRIPTS ATTACHED:

DATE:

CERTIFICATES ATTACHED (if applicable):

DATE:

PREVIOUS SPONSORSHIP/FINANCIAL ASSISTANCE HISTORY

ANNIVERSARY DATE OF LAST GETS INC. FINANCIAL ASSISTANCE (if applicable):

COMPLETE (if applicable)

INCOMPLETE (if applicable)

RRAFN POST SECONDARY FINANCIAL ASSISTANCE (if applicable): Y or N DATE:

COMPLETE (if applicable)

INCOMPLETE (if applicable)

CURRENT SPONSORSHIP INFORMATION

NAME OF SCHOOL:

NAME OF PROGRAM:

START DATE:

END DATE:

COST OF TUITION:

LIVING ALLOWANCE:

NOTES:

RESULTS: APPROVED DENIED DEFERRED DATE:

AUTHORIZATION SIGNATURE: DATE:

GINEW EMPLOYMENT & TRAINING POLICY MANUAL AND HANDBOOK

APPENDIX D

GINEW EMPLOYMENT & TRAINING SERVICES, INC.

AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION FORM

I hereby authorize that all information concerning my academics, attendance and class registration may be released upon request to the Ginew Employment & Training Services, Inc. Program as a condition for education assistance sponsorship by the Ginew Employment & Training Services, Inc. Program.

Student Name: *(Please print)*

Student Number:

Institution: _____

Program and Term: _____

Student Signature: _____

Date: _____