



Miziwe Biik

Aboriginal Employment and Training

2020 Post-Secondary & Apprenticeship Bursary

To qualify, students must:

- identify as Indigenous (First Nations, Inuit, or Métis)
- reside in the Greater Toronto Area
- be enrolled in a Post-Secondary accredited institution or apprenticeship program, or have proof of enrollment for upcoming year.

Applications are available at miziwebiik.com/bursary.

Submit your application package and supporting documents in-person at Miziwe Biik's reception (167 Gerrard St. E.)

Apply by March 26 at 12 PM

Bursary Frequently Asked Questions

What is a letter of introduction?

Your letter of introduction should be one page in length and include the following information:

- Tell us about yourself
- Tell us why you are passionate about your field of study
- Tell us about your goals regarding your future career and employment
- Tell us if you participate in a Native Community - where you are originally from or here in Toronto
- Tell us anything else that will show your dedication to your field of study and future endeavours

Who can apply to the bursary?

Students:

In order to apply to the bursary program, you must be a current post-secondary student, or submit proof of enrollment from a college, university, or private post-secondary institution

Apprentices:

In order to qualify for a bursary as an apprentice, you must be a registered with the Ministry of Training Colleges and Universities (MTCU) as an apprentice in the Greater Toronto Area

How do I submit my completed package?

- 1) Please visit to our website: www.miziwebiik.com to download an application and a Miziwe Biik registration form (apprenticeship applicants must also include an Employment Ontario registration form)
- 2) Fill out all information carefully, and attached all required documentation to your application
- 3) Completed packages are to be dropped off in person at the Miziwe Biik reception desk no later than 12:00 noon on Thursday March 26, 2020.

What is acceptable as proof of Aboriginal ancestry?

Aboriginal ancestry (Status, Non-Status, Inuit, or Métis)

- Status - Copy of Status Card
- Métis - Copy of Membership Card
- Inuit - Copy of Beneficiary Card
- Non-Status – Copy of Bursary Assessment

****Incomplete applications will not be considered due to volume of applicants ****



MIZIWE BIK ABORIGINAL EMPLOYMENT AND TRAINING BURSARY APPLICATION

Check if you would like to be added to our Student Email List

Email Address: _____

EDUCATION

School Name

Program

School Address

City

Province

Postal Code

Year of Study

1 2 3 4

Length of Program (In Years)

1 2 3 4

Identify Degree/Diploma that you will receive:

- Certificate Diploma Undergraduate Degree
 Transition Year Program(TYP) Apprenticeship
 Other, specify _____

INFORMATION SOURCE

How did you learn about this bursary?

- College/University Community Agency Family Member/Friend Employment Counsellor
 Advertisement (poster, brochure, flyer) Website Professional Correspondence
 Other, specify _____

LETTER OF INTRODUCTION / ESSAY

Please write a letter of introduction which includes the following:

- Tell us about yourself
- Tell us why you are passionate about your field of study
- Tell us about your goals regarding your future career and employment
- Tell us if you participate in the Native Community
- Tell us anything else that will show your dedication to your field of study and future endeavours



**MIZIWE BIIK
ABORIGINAL EMPLOYMENT AND TRAINING
BURSARY APPLICATION**

CHECKLIST

Please attach the following along with your completed Application Form:

- Proof of Aboriginal Ancestry
- Student ID Card
- Program of Study Outline
- Letter of Introduction/Essay (1 page)
- Timetable or Proof of Enrollment in a Post-Secondary Program, University, College or Trades Institute.
- Miziwe Biik Client Registration Form (Reception or online website)
- Employment Ontario Registration Form (**Apprenticeship Bursary Only**)

Applicant's Signature

Date

Non-Status Bursary Assessment

Clients Name:

Transportation and Books:

1. Are you currently receiving funding for books or transportation?

You are:

- First Nations
 - o Status (Include copy of card)
 - o Non-Status — Please answer question #2
- Métis (Include copy of card)
 - o No Card — Please answer question #2
- Inuit (Include copy of Beneficiary card)
 - o No Card — Please answer question #2

2. Please tell me about your Family's Aboriginal Ancestry:

By signing this document, you are giving us permission to verify the information you provided.

Signature

Date



| | |
|--------------------------------------|---|
| FOR OFFICE USE ONLY | |
| Projects: C <input type="checkbox"/> | E <input type="checkbox"/> |
| SB <input type="checkbox"/> | BL <input type="checkbox"/> SH <input type="checkbox"/> JT <input type="checkbox"/> |

CLIENT REGISTRATION FORM

PERSONAL DATA

| | | | | | | | |
|---|--|---|--|--|--------------------------------|-----------------------------------|------------------------------|
| Last Name | | First Name | | Date of Birth (dd/mm/yy) | | Gender: | |
| | | | | / / | | | |
| Address (Number & Street) | | | Apt. No. | City | Province | Postal Code | |
| | | | | | | | |
| Telephone Number | | | Message Number | | Social Insurance Number | | |
| | | | | | | | |
| Email Address: | | | | | | | |
| Are you in receipt of | | Employment Insurance <input type="checkbox"/> | Canadian Pension Plan <input type="checkbox"/> | | | | |
| | | Social Assistance <input type="checkbox"/> | No Income <input type="checkbox"/> | | | | |
| | | Other (please list) <input type="checkbox"/> | | | | | |
| Social Assistance Office _____ | | | | OW Caseworker Name / Number: _____ | | | |
| For Employment Insurance, who is your Employment Counsellor? _____ | | | | | | | |
| Have you collected Employment Insurance in the past three years? | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| Have you collected Maternity or Parental Benefits in the Past five years? | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| How long have you been unemployed? | | | | Months _____ | or Years _____ | | |
| How long ago was it when you accessed a training program? | | | | Months _____ | or Years _____ | | |
| Please list the type of training you have taken _____ | | | | | | | |
| Are you a Post-Secondary student: | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Year Graduated HS: _____ | | OSSD <input type="checkbox"/> | GED <input type="checkbox"/> |
| Have you ever been convicted of a criminal offence for which a pardon has not been granted: Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| Housing: | | Rent: <input type="checkbox"/> | Home Owner: <input type="checkbox"/> | Transitional Housing: <input type="checkbox"/> | Agency: _____ | Shelter: <input type="checkbox"/> | Agency: _____ |

CHARACTERISTICS

| | | | |
|---|---|--|---|
| Language Spoken | | Language Written | |
| English <input type="radio"/> | French <input type="radio"/> | English <input type="radio"/> | French <input type="radio"/> |
| Other <input type="radio"/> _____ | | Other <input type="radio"/> _____ | |
| Do you consider yourself | | Status On-reserve <input type="radio"/> | Status Off-reserve <input type="radio"/> |
| | | Inuit <input type="radio"/> | Metis <input type="radio"/> |
| | | | Non-status <input type="radio"/> |
| Status Card Registry Number (10 digits): _____ | | | |
| First Nations Band _____ | | Province _____ | |
| Referred By | | | |
| Source _____ | | Contact Person _____ | Telephone _____ |
| Marital Status | | Number of Dependents _____ | |
| Single <input type="radio"/> | Married or equivalent <input type="radio"/> | | |
| A person with a disability is one who, because of a long term or recurring physical or mental condition experiences difficulties in carrying out the activities of daily living. | | | |
| Do you require any accommodation in the workplace resulting from a disability as defined above. | | | |
| Yes <input type="radio"/> No <input type="radio"/> | | | |
| If yes, please describe requirement: _____ | | | |
| Service Provided By _____ | | Telephone Number _____ | |
| Transportation | | | |
| Driver's License Type _____ | | Access to Transportation <input type="radio"/> | Willing to Relocate <input type="radio"/> |

CLIENT REGISTRATION FORM

EDUCATION

| | |
|--|---|
| High School Grade or Equivalency Completed: _____ | |
| College: Year One <input type="radio"/> Year Two <input type="radio"/> Year Three <input type="radio"/> | Discipline _____ |
| Diploma: Yes <input type="radio"/> No <input type="radio"/> | Year Attained _____ Province of College _____ |
| University: Year One <input type="radio"/> Year Two <input type="radio"/> Year Three <input type="radio"/> Year Four <input type="radio"/> | Discipline _____ |
| Degree: Yes <input type="radio"/> No <input type="radio"/> | Year Attained _____ Province of College _____ |
| Other Training Programs, Courses, Certificates, or License/Trade Certificates Achieved: _____ _____ | |

EMPLOYMENT SOUGHT

| | |
|--------------------------|------------------|
| Work Preference 1 | Years Experience |
| Work Preference 2 | Years Experience |

EMPLOYMENT HISTORY

| | | |
|---|----------------------------|---------------------------------|
| Current or Last Employer Employer or Company Name | From | To |
| Job Title | Paid <input type="radio"/> | Volunteer <input type="radio"/> |
| First Previous Employer Employer or Company Name | From | To |
| Job Title | Paid <input type="radio"/> | Volunteer <input type="radio"/> |
| Second Previous Employer Employer or Company Name | From | To |
| Job Title | Paid <input type="radio"/> | Volunteer <input type="radio"/> |

I verify that the information is complete and correct, and I understand it maybe subject to verification. Information on the client registration form is collected for the purpose of providing employment assistance. This information, when provided to Canada, is protected under Canada's Privacy Act and you have the right under the Privacy Act to obtain access to that information from Canada. I hereby authorize the release of any information contained in my application form.

Client Signature

Date