



Mid Coast First Nations Training Society

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APPLICATION FORM

Office Use Only:	Original Amendment #: _____	Date Received: _____ Date Reviewed: _____	File #: _____ P.O.: _____
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Office Use only

MCFNTS Program: _____ Course Name: _____

Date Submitted: _____ Activity Period From: _____ To: _____

Applicant Name:	_____
Mailing Address:	_____ _____ _____
E-Mail:	_____
Telephone Number:	_____
Fax Number:	_____

• Overhead (i.e...Travel & Accomodation) (itemize) – use separate sheet if necessary		
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
		TOTAL
		\$

• Training Costs (itemize) – use separate sheet if necessary		
_____	\$	_____
_____	\$	_____
_____	\$	_____
		TOTAL
		\$

• Equipment Lease or Purchase – use separate sheet if necessary		
_____	\$	_____
_____	\$	_____
		TOTAL
		\$

• Special Costs – use separate sheet if necessary		
_____	\$	_____
_____	\$	_____
		TOTAL
		\$

• Other – use separate sheet if necessary		
_____	\$	_____
_____	\$	_____
		TOTAL
		\$

Total Funding Requested From MCFNTS \$ _____

SPONSOR CONTRIBUTIONS – use separate sheet if necessary		
_____		_____
_____		_____
		Total Sponsor Contributions

PARTNER CONTRIBUTIONS – use separate sheet if necessary		
Partner 1:	_____	_____
_____		_____
		Total Partner Contributions

TOTAL CONTIBUTIONS		
MCFNTS Requested	_____	_____
Sponsor:	_____	_____
Partner 1:	_____	_____
Partner 2:	_____	_____
		Total Contributions

FILLING OUT THIS APPLICATION DOES NOT GUARANTEE FUNDING

OBJECTIVES & ACTIVITIES

- 1) Given your skills & work experience, what do you believe is preventing you from working?

- 2) What have you done to find work? Please describe your job search efforts including information on the length of time you have been looking for work, the number of contacts and interviews you have had and the results.

- 3) What is your career goal?

- 4) Do you have any experience/background in this field? Please explain.

- 5) What options, including this program, have you considered in order to achieve your career goal?

- 6) Please give information about other income or other funding sources that you are currently receiving.

CHECKLIST FOR APPLICANTS:

- ❖ Complete MCFNST Application in full and sign
- ❖ Write a letter describing why you want to complete this training / learning plan and what your workplans are after completion
- ❖ Get two references to support your application. These can be former employers, colleagues, or community leaders. However, these should not be written by a direct relative.
- ❖ Attach a copy of the Training Program/Course Description for which you are applying
- ❖ Attach a copy of an acceptance letter from the training institute
- ❖ Attach copies of your former student report cards or transcripts of marks

Training Allowance Budget Worksheet

LIST ALL PERSONS LIVING IN THE HOUSEHOLD (Excluding Applicant)

(Dependent means persons under the age of 18 years of age)

Surname	Given Name	Relationship	Dependent		Age
			Yes	No	

MONTHLY INCOME

	Applicant	Spouse	Other
Employment Income			
Employment Insurance Benefits			
Social Assistance			
Alimony/Child Support			
Childcare Subsidy			
Investment, Interest Income			
Self Employment			
Pension Income/Disability WCB, CPP			
Child Tax Benefit/B.C. Bonus			
Room, Board, Rental Income			
Other			
TOTAL MONTHLY INCOME			

Other Financial Resources	Applicant	Spouse	Other
Assets			
Savings			
Scholarships/Bursaries			
RRSP			
Income Tax Refunds			
TOTAL			

Monthly Expenses:

Rent			
Utilities			
Child Day Care			
Vehicle			
Other			

Signature: _____ Date: _____

I/We hereby certify that the above is an accurate statement of our anticipated monthly income: