



Akwesasne Area Management Board

PO Box 965, Cornwall, Ontario
(P) 613-575-2626 (F) 613-575-2863
www.aamb.ca

Dear Applicant:

The following checklist is provided to help you with your request for financial assistance during your training.

Before your application is considered, we must have the following information **COMPLETED** and on file at the AAMB office:

- Letter of Request for financial assistance
- Client Information / Funding Support Form
- Verification of Canadian Social Insurance Number Card
- Membership Confirmation (attached)
 - *Must be a Member of MCA or the Mohawk Nation Council of Chiefs*
- Acceptance Letter from Training Institution w/ Course Costs
 - Student ID #
 - 3rd Party Billing information / Accounts Receivable information
- Program information / Course Description w/ Start & End Date
- Class Schedule (when available)
 - # of hours required to attend training per week
- Grades from Previous Semester
 - Must maintain or exceed a minimum grade point average of 2.0 or "C" per semester to continue to be eligible for funding
- Confirmation of application to other funding sources:
 - i.e., *Ahkwasasne Mohawk Board of Education, Saint Regis Mohawk Tribe – Higher Education, TAP/PAL/BIA, OSAP, MCA - Community Support, MCA - Economic Development, Saint Regis Mohawk Tribe – Tribal Vocational Rehabilitation Program*
- Current Resume
- Employer Letter
- Schedule app't for AAMB Assessments
 - Career Action Plan & Employment Readiness Scale

If you have any questions or concerns, please don't hesitate to contact:

Jen Johnson (jjohnson@aamb.ca)
Gail General (ggeneral@aamb.ca)
Or call 613-575-2626

DUE TO CONFIDENTIALITY REQUIREMENTS:

We are not allowed to give information to any person other than the applicant.

TRAINING

The Akwesasne Area Management Board [AAMB] provides financial assistance through the Purchase of Training / Income Support component that is based on a client centred approach and used to achieve:

- Improved employability,
- Skill Enhancement and increased earnings

Types of training that could be considered eligible courses may include:

- Preparation for Employment;
- Language Training;
- Training of Apprentices;
- Occupational Orientation.

Training may be implemented on a **full-time basis of more than 25 hours per week** but less than 40 hours or part-time basis [with part-time defined as less than 25 hours to a **minimum duration of 10 hours of instruction per week**].

Eligible Participants:

- Must be a member or probationary member of the Mohawks of Akwesasne or Akwesasne Mohawk Nation Office as defined by their Membership Codes regardless of residency.
- must hold a valid Canadian Social Insurance Number
- Deemed to be Unemployed / Employed Disadvantaged;
- Must be 18 years and older;
- Who have not participated in AAMB programs beyond 208-*week* maximum time frame.
- Who are attending school for fewer than 20 days does not count as regular attendance at school; previous attendance at either AAMB / SC course or attendance in a regular school outside working hours while holding a full-time job does not constitute attendance at school.

Employed disadvantaged: is defined as a person who faces multiple barriers to employment such as those who:

- Lack good work habits;
- Lack job experience;
- Lack education/training;
- Have physical or mental disability;
- Are social assistance recipients; and
- In the opinion of the Employment Officer / Career Development Officer have an employment barrier that would be best served by AAMB referral.

Client must contribute 10% to the Course Cost/Tuition

Supplementary Allowances:

After receiving notification from any agency that a supplementary allowance is being provided to an AAMB client this amount will be deducted dollar for dollar from the AAMB rate.

Attendance, Grade Requirements and Suspension:

- Must attend classes regularly and consistently.
- ***Must maintain or exceed a minimum grade point average of 2.0 or "C" per semester to continue to be eligible for funding.***
- If a student does not meet the minimum grade requirement, their funding will be suspended and will be required to sit out the following semester with no funding from the AAMB.
- If the student chooses to attend the semester during their suspension, the student is required to achieve the minimum grade point average listed above, before assistance being re-established.

208 Weeks: The maximum duration that an individual can participate in any combination of financial interventions / programs are a cumulative, not consecutive, 208-week period. The duration period begins on the first day of their first intervention / program, or the date of entry into the Akwesasne Area Management Board computerized database, whichever occurs first.

Employment Readiness Scale & Career Action Plan: All participants must have on file; a current Employment Readiness Scale & Career Action Plan that must be signed by the client and the Employment Officer / Career Development Officer.

POST SECONDARY (College):

The Akwesasne Area Management Board [AAMB] definition for Post-Secondary training is "a program of studies by an educational institution listing grade 12 or its equivalent as a prerequisite".

Full-Time Student in a post-secondary institution will include:

- Students in 2-3-year institution and attending classes for 15 or more hours per week
- Students in 4 year institutions and attending classes for 12 or more hours per week.

Part-Time Student in a post-secondary institution will include

- Students in 2-3 year institutions and attending classes for *less* than 15 hours per week.
- Students in a 4 year institutions and attending classes for *less than* 12 hours per week.

Types of Courses Funded:

- Funding will only be considered for courses that are offered by an accredited college or university.
- Students enrolled in correspondence or independent study are not eligible for living allowances.
- The AAMB will not fund an allowance for an online course but may pay the tuition at an accredited institution if applicable.

Eligible Students Are:

Required to apply to other sources prior to approaching the AAMB. Upon application, the eligibility of Post-Secondary students for Individual Purchase of Training will be guided by the following initial policy:

- Must be a member or probationary member of the Mohawks of Akwesasne or Akwesasne Mohawk Nation Office as defined by their Membership Codes regardless of residency.
- Must hold a valid Canadian Social Insurance Number
- Individuals have not participated in AAMB programs beyond 208-*week* maximum time frame;
- Only receiving book and tuition from AMBE and are not eligible for a living allowance from AMBE or other funding sources; or
- ***In the second half*** of a 2 or 3-year College or 4-year University Program;
- Just beginning a one-year program and not receiving full AMBE living allowance;
- Able to demonstrate that other funds have been secured which are sufficient to meet the difference between the Post-Secondary Support Program contribution and overall tuition costs, and that these funds will be committed and expended prior to the expenditure of AAMB funds.

Ineligible Students Are:

- Receiving maximum AMBE, or other Post-Secondary Education funding that includes tuition, living allowance, books and travel
- on probation from AMBE funding for one [1] semester;
- Unable to demonstrate a commitment of other funds to meet the difference between costs and the individualized Purchase of Training allowable amount, and which other funds can be expended prior to the expenditure of AAMB Funds.
- Re-entering the labour force, or pursuing a new career or where the AMBE or AAMB has not sponsored the client under a different career path in the past five [5] years unless it can be proven the training is progressive;
- ***Public sector employees.***



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This Form MUST be completed in FULL to be valid.

PERSONAL IDENTIFICATION

S.I.N.:		Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> CL <input type="checkbox"/> Other:	
Last Name:		Date of Birth: (M-D-Y)			
First Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Middle Name:		Residency: <input type="checkbox"/> On-Reserve <input type="checkbox"/> Off- Reserve			
Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other			Name of Band: <input type="checkbox"/> MCA <input type="checkbox"/> MNCC <input type="checkbox"/> Other: (specify)		
Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No Type:			Band Number:		
Residency Address			Home Phone:		
Address:		Cell/Other:			
City/Town/Village:		# of Dependents:			
Province/State:		Postal Code:		Age of Dependents:	
Canadian Mailing Address (if different than Place of Residency)			Email Address:		
R.R. # / P.O. Box			Income Source: <input type="checkbox"/> Employed <input type="checkbox"/> E.I. <input type="checkbox"/> Maternity Leave		
City/Town/Village:			<input type="checkbox"/> Social Assistance /Caseworker Name: _____		
Province/State:		Postal Code:		<input type="checkbox"/> Other:	
Collect Emp. Insurance in Canada in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, weekly rate:	

EDUCATION INFORMATION

Level (Grade 12, GED, College, Univ.)	Diploma, Degree:	Institute:	Area of Study:	City	Date Completed: (M-D-Y)
1					
2					
3					

OTHER CERTIFICATES/TRADES

Certificate / Trade	Level	Specialization	Years of Exp.
1			
2			
3			

EMPLOYMENT HISTORY

Employer	Title	Rate of Pay	Start Date	End Date	Reason for Leaving
1					
2					
3					

Driver's Information	License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Province/State:	
EMPLOYMENT	What is your current employment status?		<input type="checkbox"/> Unemployed <input type="checkbox"/> Employed <input type="checkbox"/> Under Employed
Totaling 12 months, you were:		EMP-FT:	EMP-PT:
		SCHOOL:	Self-Emp:
		Un- Employed:	=12
ASSISTANCE REQUIRED: (How can we help you?)		<input type="checkbox"/> Resume/ Cover Letter	<input type="checkbox"/> Job Search
		<input type="checkbox"/> Training	<input type="checkbox"/> Reimburse
		<input type="checkbox"/> Other	
What type of employment do you seek?		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
		<input type="checkbox"/> Permanent	<input type="checkbox"/> Contract
		<input type="checkbox"/> Self- Employment	

TRAINING COURSE				
Course Name:		Institute name:		
Address:		Contact Name:		
Contact Email:		Phone:		Fax:

Declaration: I hereby declare the information is true and may be subject to verification:

Client Signature _____ Date: _____

Officer Signature _____ Date: _____

Consent for Collection, Use and Disclosure of Personal Information

Prior to collecting or compiling any personal information, if you are seeking assistance from the Akwesasne Area Management Board (AAMB) or receiving assistance under its programs, you are hereby informed of the purpose for which this personal information is being collected and compiled.

This information is for use by AAMB and Service Canada to:

- Determine eligibility to receive services from AAMB;
- Assist in verifying eligibility for employment insurance benefits;
- Ensure clients who are actively receiving benefits continue to receive them while participating on an AAMB program;
- Assess and evaluate AAMB activities;
- To contact other agencies identified below in order to determine possible cost-sharing partnerships; and
- To contact individuals to verify information and follow-up.

I, _____, hereby provide my consent as may be required by the AAMB and Service Canada to collect, use and possibly disclose for the purposes as stated above, information to the following agencies:

- Human Resources Development Canada
- Community Support Program (MCA/SRMT)
- Economic Development Program (MCA/SRMT)
- Akwesasne Mohawk Board of Education (MCA)
- Higher Education (SRMT)-Any Educational Institution that a Client of AAMB is attending
- Child and Family Services (MCA/SRMT)
- Saint Regis Mohawk Tribe – Tribal Vocational Rehabilitation Program (TVR)
- Ontario Works - Cornwall

AAMB and Service Canada shall not, in respect of any personal information, use the information for a purpose other than that for which it was provided or disclose the information to any person or body for a purpose other than that for which it is provided except with the consent of the individual to who the information relates, or the written consent of the party that provided the information, or as required by law. Information which is provided to AAMB and Service Canada is protected under Canada's Privacy Act and you have a right under the Privacy Act to obtain access to this information from AAMB and Service Canada.

Signature: _____ Date: _____ Witness: _____

FOR OFFICE USE ONLY

File #:		Start Date	End Date	FY1	FY2
Budget Code:					
Tuition		AMENDMENTS:			
TA		Start Date	End Date	FY1	FY2
DC					
Travel		Duration of Intervention in days:			
Other		Org Type	Proj Officer	NOC	SIC
<input type="checkbox"/> CRF	<input type="checkbox"/> EI	<input type="checkbox"/> YOUTH	<input type="checkbox"/> DISA		



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Mohawk Council of Akwesasne

MEMBERSHIP CONFIRMATION

PART 1

Name:

Date of Birth:

Registry No.:

I have applied to the Akwesasne Area Management Board for funding. The Board will need additional membership information as listed in Part 11 before assistance can be determined. When complete, please fax to the Akwesasne Area Management Board office at 575-2863. Thank you.

PART 11

Status of Membership

Member under Akwesasne Membership Code	YES	NO
Probationary Member under the Code	YES	NO
Expiration Date of Probation:		
Authorizing Signature:		
Date		

Mohawk Nation Council of Chiefs

MEMBERSHIP CONFIRMATION

PART I

Name:

Date of Birth:

Tax Exempt No:

I have applied to the Akwesasne Area Management Board for funding. The Board will need additional membership information as listed above before assistance can be determined. When complete, please fax to the Akwesasne Area Management Board office at 575-2863. Thank you.

PART II

Status of Membership

Member under Mohawk Nation Council of Chiefs	YES	NO
Authorizing Signature		
Date		

