



# Listuguj Mi'gmaq Development Centre

## Training Funding Application

GENERAL INFORMATION	
NAME	DATE
COUNSELLOR	

File #:		
NOC:		
If Applicant has accessed funding in the past, has the waiting period been served?	YES	
	NO	
	N/A	

DESCRIPTION OF MEASURE		
Title of Training program applied for:	Start date:	End date:

TRAINING INSTITUTE		
Name:		
Address:	Postal Code:	
Contact Person:		
Email:	Tel.:	Fax :

FUNDING							
A. Fund	B. Description	C. Training Request		D. Registration Day		E. Stage	
		d / m / y	d / m / y	d / m / y	d / m / y	d / m / y	d / m / y
	Start/End Dates						
EIF1	Employment Insurance	d / m / y	d / m / y				
		/wk	Total				
5130	Allowance						
5190	Travel						
	Meals						
	Accommodations						
5125	Application Fee						
	Registration Fee						
	Tuition						
	Student Fee						
	Technology Fee						
5127	Text Books						
5171	Equipment						
	Other						
	TOTAL						

CLIENT EMPLOYMENT INSURANCE ELIGIBILITY	Part I		Part II	
	YES	NO	YES	NO

CONFIRMATION OF FUNDS (If applicable)
I hereby guarantee \$_____ as my contribution payment towards my participation in the training course _____.
Signature _____ Date _____