



**Targeted Academic Support Program (TASP)**  
**2019/20 Application Form**

Name:

Current Position:

I work for:

Community of Employment:

**Contact Information**

Mailing Address:

E-mail:

Phone #:

**Proposed Education/Training**

Field of Study:

Name of Program:

Program Level:

Other:

Name of Academic Institution:

Is this an accredited institution?

Program Length:

Full-Time

Part-Time

Delivery Method:

Other:

Expected Start Date (mm/dd/yy):

Graduation Date: (mm/dd/yy):

For 2019/20, funding priority will be given to applicants pursuing accredited certificate, diploma, undergraduate, or graduate degrees in the occupations identified in the pull-down list below. Education and technical training in other health and social work occupations will also be considered. Please identify which occupation you will be pursuing / enhancing through your proposed learning.

Other:

### **Affirmative Action Priority Status**

If you would like to declare your priority under the Affirmative Action Policy, please indicate your eligibility below:

### **Letter of Intent**

Your application requires a letter of intent. Please provide a letter of intent that:

- Outlines the education / technical training being proposed in the application.
- Outlines your medium and long-term learning and career objectives.
- Identifies how the proposed education / technical training will help support your organization and/or the GNWT.
- Identifies how the proposed education / technical training will help expand your scope of practice.

### **Comments from Supervisor** *(optional)*

Please provide any comments of support from your supervisor below:

**Budget Estimate**

Please provide a breakdown of your estimated funding requirements below. Budget estimate notes are provided on the next page.

<b>Cost Type</b>	<b>2019/20 Fiscal Year*</b>	<b>2020/21 Fiscal Year <i>(If applicable)</i></b>	<b>2021/22 Fiscal Year <i>(if applicable)</i></b>	<b>2022/23 Fiscal Year <i>(if applicable)</i></b>
<b>Tuition</b>				
<b>Books</b>				
<b>Resources</b>				
<b>Travel</b>				
<b>On-Campus Practicum Residency</b>				
<b>Total Per Year</b>				
<b>Total Overall</b>				

*\*A fiscal year begins on April 1<sup>st</sup> and ends on March 31<sup>st</sup> of the following year. Please try to include spring semester costs (i.e. tuition) in the fiscal year you anticipate the costs will be paid.*

**Comments on Cost Estimate** *(optional)*

### **Budget Estimate Notes**

**Tuition:** Tuition includes the cost of academic course tuition only. It does not include application fees, student fees, and student insurance fees.

**Books:** Includes study guides.

**Resources:** This includes exam fees, exam proctor fees, lab fees, and out-of-territory licensing fees (nursing only).

**Travel:** Includes the cost of return airfare and one bag, or reimbursement for kilometers driving (cannot exceed cost of return airfare), and local transportation to and from the airport, as per [Section 45.03 of the Collective Agreement](#). Costs should not include excess baggage, gas, car rentals, parking, local transportation between academic institution and/or practicum site and on-campus practicum residency, phone calls (local and long distance), and child care.

**On-Campus Practicum Residency:** Costs cannot exceed \$200 per night (not exceeding fifteen calendar days) and includes room fees only. For accommodations for periods in excess of fifteen calendar days, employees will be expected to make appropriate arrangements for suitable rental accommodation at weekly or monthly rates, as per [Section 45.04 of the Collective Agreement](#). No costs associated with parking and/or dining will be reimbursed.

### **Checklist**

Before submitting your application, please confirm:

Is your current resume attached?	Yes	No
Is your letter of intent attached?	Yes	No
Is your application form completed and signed?	Yes	No



**I have read the TASP guidelines and I accept the terms and conditions as described.**

\_\_\_\_\_  
Employee Name (please print)

\_\_\_\_\_  
Date of Application

**I support the above noted employee's application for funding under TASP.**

\_\_\_\_\_  
Current Supervisor Name (please print)

\_\_\_\_\_  
Current Supervisor Signature

\_\_\_\_\_  
COO/Deputy Head Name (please print)

\_\_\_\_\_  
COO/Deputy Head Signature

**Please submit this completed application form and supporting documentation by **June 28th, 2019** to: [HSSPrograms@gov.nt.ca](mailto:HSSPrograms@gov.nt.ca)**

***Applicants are responsible to ensure the accuracy of their applications. Incomplete or inaccurate applications may be subject to follow-up or further review by the Talent and Organizational Development division.***

**Disclaimer:**

The personal information is being collected in support of your application for academic education or technical training support under the Targeted Academic Support Program (TASP). It is protected by the privacy provisions of the Access to Information and Protection of Privacy Act (ATIPP). If you have any questions about collection or use of the information, please contact the Manager, Talent Acquisition and Workforce Planning at (867) 767-9107 ext. 40183.