

Coast Salish Employment & Training Society 201-5462 Trans Canada Hwy

Duncan, BC V9L 6W4
Ph: 250-746-0183 Fax: 250-746-0189

APPLICATION FOR FUNDING FORM

Personal Information		
Name:	Phone:	
Address:	Postal Code:	
Band:Band #		
Email:		
Course Name and/or Nature of funding Request:		
Institution and /or Business:		
Course Fees and /or cost of request:		
Start Date: End Date: Quotes from Business attached: Yes No N/A		
Is there a partnership? Yes No N/A Funding Par	rtner/Other	
CSETS Funding History & Applicants Goals		
Have you received funding from CSETS in the past? YES \square	NO	
If yes, please describe nature of Funding:		
Was course/training complete YES ☐ NO ☐		
If no, please state reason for not completing		
Employment goal:		
Attach the necessary documents as listed below:		
□ Course outline and description, including tuition cos	ts with START & END dates	
□ Acceptance letter from institution		

Work Gear Sponsorship Request – attach the following:

☐ Employer/supervisor letter t	that confirms employment and lists work gear required.	
□ Price quote for work gear be	eing requested	
□ Employment Action Plan (he	ow training relates to employment)	
□ Resume		
Applicant Signature:	Date:	
Date received:	Received by: (Intake Worker Initial):	
Office Use Only:		
□ Applicant is approved or denied -	- letter to applicant to advise of decision.	
□ Letter on file		
□ Approved amount \$		
Case File Outcome:		
 □ Changed Mind □ No contact with client □ Returned to School □ No Follow Through □ Secured funding (other so 	ources)	
Follow Up:		
□ 12 week and/ or completion follow up		
CSETS Employment Assistance Ser	rvices Officer authorization confirming funding for this application:	
Signature	Date	