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| logo # 6 Mid Coast First Nations Training Society logo # 6 - Copy - Copy  P.O. Box 941 Bella Bella, BC V0T 1Z0  Tel: (250) 957-2225 Fax: (250) 957-2200 Email: mcfnts@gmail.com | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SUMMER STUDENT WORK EXPERIENCE APPLICATION FORM** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Office Use Only:** | | |  |  | Original | | | |  |  |  | Date Received: | | | |  |  | | | |  | File #: |  |  |
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| **Project Name:** |  | | |  | |  | | | |
| **Date Submitted:** | |  | **Activity Period** | | **From:** | |  | **To:** |  |

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| **Name of Employer:** |  | | |
|  |  | | |
| **Contact Person:** |  | | |
| **Mailing Address:** |  | | |
|  | **e-mail address**: | | |
| **Telephone Number:** |  | **Fax Number:** |  |

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| **# of Secondary Students (S)** | **# of Post-secondary students (P/S)** | **Start Date(s)** |
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| **MCFNTS CONTRIBUTIONS REQUESTED** | | | | | | | | | | | | | | | | | | |
|  | | | | |  | |  | | ➀ | | | ➁ | ➀x➁=➂ | ➃ | ➄ | ➅ | | ➂x➃=➆ |
| **Job Title** | | | | | **S** | | **P/S** | | **# of**  **Weeks** | | | **Hrs per**  **Week** | **Total Hrs.** | **Wage Per Hour** | **Subsidy Requested**  **(max $8.00)** | **Sponsor Contribution**  **per Hour** | | **Total** |
|  | | | | |  | |  | |  | | |  |  |  |  |  | |  |
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| **CPP:** |  | **WCB:** |  | **EI:** | |  | | **VP:** | | 4% | (EI+CPP+WCB+Vac. Pay)x➇/100 =  **Mandatory Employment Related Costs (MERCs)** | | | | | | |  |
| Total MCFNTS Contributions | | | | | | | | | | | | | | | | | |  |
| SPONSOR CONTRIBUTIONS *– use separate sheet if necessary* | | | | | | | | | | | | | | | | | | |
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| Total Sponsor Contributions | | | | | | | | | | | | | | | | | |  |
| TOTAL CONTIBUTIONS | | | | | | | | | | | | | | | | | | |
| MCFNTS Requested | | | | | | | | | | | | | | | | | |  |
| Sponsor: | | | | | | | | | | | | | | | | | |  |
| Total Contributions | | | | | | | | | | | | | | | | | |  |

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| *Sponsor Signature* |  | *Position* |  | *Date* |

Subject to the attached Terms & Conditions, the Employer agrees that upon approval of the Employer’s application, the Employer will provide the jobs, at the hourly wage subsidy, for the number of hours per week and for the number of weeks, all as described above and MCFNTS agrees to pay to the Employer in respect of the wage costs related to such jobs, a contribution not exceeding the amounts shown in the agreement.

***The employer certifies that the proposed jobs would not be created without the contribution requested.***

***C:\My Documents\FORMS\SCP Application Form Guidelines - sponsor use.doc***