



FNHPA Sponsorship

How to apply:

To apply, applicants must:

1. Review funding reimbursement categories and the eligibility requirements
2. Complete the application form (see below)
3. Attach a personal letter in support of their application that addresses financial need, interest in improving, and information on prior education activity
4. Submit via email to sharon@fnhpa.ca

Applicants must:

- Be First Nation
- Be employed in a housing department or management position in a First Nation and/or have served as an Intern in the housing department within the past two years
- Reside or work in a First Nation

Preference will be given to applicants who demonstrate:

- A history of successful completion of previous courses/workshops related to their work
- Financial need
- An interest in improving housing in their community

Funding reimbursement categories:

- **FNHP Certification Courses**
Registration for one of the five courses (either online or in-person intensive) leading to Certification as a First Nations Housing Professional (FNHP).
- **Prior Learning Assessment and Review Process (PLAR) Application Fee**
Application fee to attend briefing session and assessment of a completed PLAR portfolio by qualified assessors.
- **National FNHP Professional Examination**
If eligible, fee to participate in briefing session prior to writing the examination, and assessment of the examination by qualified markers.
- **Workshops**
Registration for an FNHPA workshop on a relevant topic to enhance your expertise in the subject matter.
- **Annual Conference**
Registration for the education packed FNHPA conference providing sessions on relevant topics to enhance your expertise and develop your professional network.
- **FNHPA Annual Membership**
One year membership in FNHPA with full access to all resources to develop your professional capacity for, and knowledge of, First Nations housing.

Note: Sponsorship funds will be reimbursed to the approved applicant upon successful completion of their FNHP Certification Course, PLAR application, FNHP Professional Exam, Workshop, and/or Annual Conference. Applicants will not be eligible to apply for further funding if they do not attend the activity/event or are unable to achieve a passing grade.





Sponsorship Application Form

Check the area(s) of support required:

- | | |
|--|--|
| <input type="checkbox"/> FNHPA Annual Membership | <input type="checkbox"/> FNHP Course 100 |
| <input type="checkbox"/> Annual Conference | <input type="checkbox"/> FNHP Course 200 |
| <input type="checkbox"/> Prior Learning Assessment and Review Process (PLAR) Application Fee | <input type="checkbox"/> FNHP Course 300 |
| <input type="checkbox"/> Workshops | <input type="checkbox"/> FNHP Course 400 |
| <input type="checkbox"/> National FNHP Professional Examination | <input type="checkbox"/> FNHP Course 500 |

Applicant Contact Information

Name: (First) _____ (Last) _____

Preferred pronoun:

We require the following information for the purposes of helping our staff use the most respectful language when addressing you, understanding our population better, and fulfilling our grant reporting requirements.

- | | |
|------------------------------------|--|
| <input type="checkbox"/> she/her | <input type="checkbox"/> A pronoun not listed |
| <input type="checkbox"/> he/him | <input type="checkbox"/> No pronoun preference |
| <input type="checkbox"/> they/them | |

Date of Birth: _____

Address (Apt, Number, Street, City, Province, Postal Code): _____

Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Name of First Nation community: _____

Status Number: _____

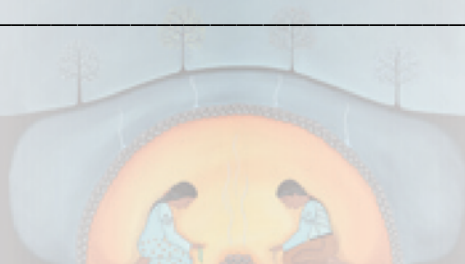
Please answer the following:

Do you reside in a First Nation community? Yes No

Do you work in a First Nation community? Yes No

Name of the organization you are employed with: _____

Supervisor's name: _____





References (Provide contact information: First and Last Name, Organization, Phone Number, Email) for two (2) references):

Reference 1:

Name (First & Last): _____

Organization: _____

Phone Number: _____

Email: _____

Reference 2:

Name (First & Last): _____

Organization: _____

Phone Number: _____

Email: _____

Applicant Signature: _____ Date: _____

