



First Nation of Na-Cho Nyak Dun

Post-Secondary Funding

First Nation of Na-Cho Nyak Dun, Education Department

Box 220, Mayo, Yukon Y0B 1M0

Phone: 867-996-2265 Fax 867-996-2028

Email: educate@nndfn.com

APPLICATION FORM

INDIVIDUAL STUDENT INFORMATION

Status Number/Beneficiary		Beneficiary Yes or No	
Given Names:		Surname:	
Permanent address/street		City	
Territory/Province		Postal Code	
Phone Number	Fax Number	Date of birth	Gender: M / F
Cell Phone Number		Email Address	

CONFIRMING CUSTODY STATUS (Only for separated couples) If your children are members of blended families, attach a letter confirming the custody status of the children. List your dependents (if more than 4 dependents, list separately)

1. Name _____ Age _____ Relationship _____

2. Name _____ Age _____ Relationship _____

3. Name _____ Age _____ Relationship _____

4. Name _____ Age _____ Relationship _____

LONG TERM GOALS

What is your long-term education goal? _____

What is your long-term employment goal? _____

CURRENT SOURCE OF INCOME: Check all that apply

<input type="checkbox"/>	Employed Full-Time	<input type="checkbox"/>	Employed Part-Time	<input type="checkbox"/>	Self Employed	<input type="checkbox"/>	No Income
<input type="checkbox"/>	First Nation Income Assistance	<input type="checkbox"/>	YTG Income Assistance	<input type="checkbox"/>	FED Income Assistance	<input type="checkbox"/>	Provincial Income Assistance
<input type="checkbox"/>	Employment Insurance Benefits	<input type="checkbox"/>	Workers Compensation	<input type="checkbox"/>	Pension	<input type="checkbox"/>	Other:
If on EI, what is your claim Period?				If on EI, What is your benefit rate per week?			
Have you had an EI Claim in the past 3-5 years?		Yes or No		Have you had a Maternity/Paternity Claim in the past 5 years?		Yes or No	

PAST EDUCATION HISTORY

Have you received funding from the First Nation of Na-Cho Nyak Dun before? **Yes or No**

If yes, please give the following information

Year	Program or Course	Institute /school	Year of study	Completed Yes or No

If not completed, please explain why. _____

SCHOLARSHIP/GRANTS/FOUNDATION INFORMATION – OPTIONAL

Include copies of Scholarship, Grants and Foundation applications and copies of denial or approval letters.	
Are you receiving funding from any other source? Yes or No	
If so, please list information	
Name of the Source: _____	Contact Number: _____
Name of the Source: _____	Contact Number: _____

INSTITUTION AND PROGRAM YOU ARE APPLYING FOR ASSISTANCE:

Name of Trade School/College/University: _____

Program or Course: _____

Address: _____

Phone #: _____ Fax #: _____

Email Address: _____ Website: _____

Book Store or Supplies Purchase Information: _____

_____ Book Store Fax # _____

List courses to be taken

1) _____ 4) _____

2) _____ 5) _____

3) _____ 6) _____

Full-Time	Part-Time	Year Start Date	Year End Date	Graduation Date

Please Check Semester

Fall (September to December) Spring (May to June)

Winter (January to April) Summer (July to Aug)

Other Types of Programs:	Type of degree sought
<input type="checkbox"/> Upgrading <input type="checkbox"/> Trades <input type="checkbox"/> College Preparation <input type="checkbox"/> Distance Education <input type="checkbox"/> Tutoring <input type="checkbox"/> Community Training	<input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctorate

I AM REQUESTING THE FOLLOWING: YEAR _____

Expenses	Cost Per Fall	Cost Per Winter	Cost Per Spring	Cost Per Summer	Total Cost Per Year
<input type="checkbox"/> Tuition	\$	\$	\$	\$	
<input type="checkbox"/> Books	\$	\$	\$	\$	
<input type="checkbox"/> Supplies	\$	\$	\$	\$	
<input type="checkbox"/> Living Allowance	\$	\$	\$	\$	
<input type="checkbox"/> Childcare:	\$	\$	\$	\$	
<input type="checkbox"/> Transportation:	\$	\$	\$	\$	
<input type="checkbox"/> Other:	\$	\$	\$	\$	
Total Expense	\$	\$	\$	\$	

Expenses	Cost Per Fall	Cost Per Winter	Cost Per Spring	Cost Per Summer	Total Cost Per Year
<input type="checkbox"/> Tuition	\$	\$	\$	\$	
<input type="checkbox"/> Books	\$	\$	\$	\$	
<input type="checkbox"/> Supplies	\$	\$	\$	\$	
<input type="checkbox"/> Living Allowance	\$	\$	\$	\$	
<input type="checkbox"/> Childcare:	\$	\$	\$	\$	
<input type="checkbox"/> Transportation:	\$	\$	\$	\$	
<input type="checkbox"/> Other:	\$	\$	\$	\$	
Total Expense	\$	\$	\$	\$	

AGREEMENT TO REPAY

I, _____
Name

of, _____
City Province or Territory

Acknowledge the funding of \$ _____ received from the First Nation of Na Cho Nyak Dun Education department.

I hereby agree to repay the funding allocated for tuition, book, supplies, living allowance, travel and other associated cost, if I do not complete the courses or fail to contact the NND Education Department regarding changes to my student status.

Signed this _____ day of _____, 20 _____

Signature of student: _____

Witness Signature: _____

STUDENT RECORD AUTHORIZATION

I, _____ give permission to the First Nation of Na Cho Nyak Dun,

Education Department, to have access to my student records, attendance, transcripts, marks, etc.

Signed this _____ day of _____, 20_____

Signature of student: _____

Witness Signature: _____

STUDENT INFORMATION (to be given to NND Finance Dept.)

Name: _____	Date: _____	
S.I.N: _____	Birth Date: _____	
Contact while at school:		
Address: _____		
Phone: _____	Email: _____	
Name of University/College/Institute: _____		
Name of Program of Study: _____		
Degree/Diploma/Certificate/Other: _____		
Expected date of Graduation: _____		
Contact while at home:		
Address: _____	Phone: _____	
_____	Email: _____	
Banking Information		
If approved: I would like my living allowance <input type="checkbox"/> By Cheque <input type="checkbox"/> Direct Deposit		
If Direct Deposit – Provide the banking information		
Name of bank _____		
Transit number _____	Institution number _____	Account number: _____
Other information:		

STUDENT DECLARATION

I declare that the information submitted in this application to be true, correct and complete to the best of my knowledge and that the financial assistance sought will be used for the educational purpose set out.

I understand that if I have given any false or misleading information, I will be liable for proceeding if I obtain funding under false pretenses or will be liable for full repayment of my grant.

I hereby give permission to the First Nation Education Program to verify the information in this application and approve access of my school record;

I will notify the Education Program if I withdraw from my course of studies.

Signature: _____

Date: _____

Please note: ALL INCOMPLETE APPLICATIONS WILL BE HELD IN PENDING FILE.

For Office Use only:

Approved by:

Date