



## Post-Secondary Support Program - CONTINUING STUDENT FORM

First Nation of Na-Cho Nyak Dun, Education Department  
 Box 220, Mayo, Yukon Y0B 1M0  
 Phone: 867-996-2265 Fax 8667-996-2028, Email: educate@nndfn.com

### STUDENT INFORMATION

First Name	Last Name
Address	Province/Territory and Postal Code
Phone No:	Cell Phone No:
Email:	

### COURSE/PROGRAM

Name of Institution	Name of course/program
Please Check the Semester Requesting: <input type="checkbox"/> Fall (September to December) <input type="checkbox"/> Winter (January to April)	<input type="checkbox"/> Spring (May to June) <input type="checkbox"/> Summer ( July to August)
Start Date of Next Semester	End date of Next Semester
Expected Graduation Month and Year (must be the same as your 1st application date)	Number of Semesters Remaining

### FUNDING ASSISTANCE REQUESTING (NND does not pay for residence, rent, dental, health, Upass)

Expenses	Cost per Month	Cost per Semester	Description
Tuition			
Books			
Supplies			
Living allowance			
Childcare			
Travel (to and from)			
Other			
<b>Total Request</b>			

### OTHER FUNDING SOURCES

Have you applied for funding from any other source?	<b>Yes    No</b>
Please include a copy of scholarship, grant or foundation applications	

### ATTACHED DOCUMENTS

Have you attached your most recent transcript	<b>Yes    No</b>
If no, explain why and indicate when the transcript will be available.	

If you had an assessment done since your initial funding application, attach the assessment and a copy of the accommodation strategy.

### Student Declaration

I declare that the information submitted in this form is true and complete to the best of my knowledge and that the financial assistance being requested will be used for the educational purpose identified. I understand that if I have given false information I may be liable for a full repayment of this funding or legal action.

<b>Signature</b>	<b>Date</b>
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For Office Use only:

<b>Approved by:</b>	<b>Date</b>
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