First Nation of Na-Cho Nyak Dun - Department of Education/Heritage and Youth
P.O. Box 220
Mayo, Yukon. Territory
Y0B – 1M0
Phone: (867) 996-2265 Ext: 136
Fax: (867) 996-2028
Email: educationdirector@nndfn.com

REQUEST FOR COMMUNITY TRAINING FORM

PERSONAL INFORMATION REQUIRED:

First name:	**Last name:**
Date of Birth: Year/Month/Date	**Please check one:** Beneficiary ☐ Status ☐
Permanent Address/street:	**City/Town:**
Province/Territory:	**Postal Code:**
Telephone number: Cell Number:	**Email Address:**

Name of training /course:_____

Provided by:_____ Location of training /Course:_____

Contact person: _____ Telephone number:_____

Leave Date:_____ Return Date: _____

Date Course Starts: _____ Date Course Ends: _____

Reason for training /Course: _____

Did you apply for any other funding agencies: ☐ YES OR NO ☐

Note: Applicant is responsible for making hotel reservations, if you do not attend; you need to cancel your room. NND will not be responsible for the room, if you have failed to cancel the room or no show.

Expenses	**Requesting**	**For Office Use Only: Amount approved**
Tuition/Registration	$	
Books/Supplies	$	
Meals	$	
Incidentals	$	
Hotel **Name:**	$	
Private Accommodation	$	
Living Allowance	$	
Gas Purchase - One Way	$	
Gas Purchase - Return Trip	$	
Total Amount	$	

Declaration of applicant: I _____ accept the amount of financial assistance provided as approved above. I understand that I must provide written proof that I completed the training specified. I further understand and agree that if I fail to complete the training specified without having reasonable cause, I must repay the total amount advanced to me or paid on my behalf.

Applicants Signature: _____ **Date**: _____

Financial Assistance is hereby: □ Approved □ Not Approved

DEPT: EDUCATION **PROGRAM**:_____ **CODE**:_____

Details: _____

Manager of Education Signature_____ Date: _____