

**First Nation of Na-Cho Nyäk Dun**

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**Post-Secondary Application Form (2022)**

**INDIVIDUAL STUDENT INFORMATION**

Personal Information	
Surname:	Given Name(s):
Date of birth (dd/mm/yyyy):	
Status #/Beneficiary:	Beneficiary (Yes/No)?
Contact Information (permanent address)	
Address:	City:
Province/Territory:	Postal Code:
Cell Number:	Email:

**PROGRAM INFORMATION**

Name of Trade School/College/University:		
Program or Course:		
Type of Degree/Certification/etc.:		
<input type="checkbox"/> Upgrading	<input type="checkbox"/> Masters	<input type="checkbox"/> Diploma
<input type="checkbox"/> Certificate	<input type="checkbox"/> Doctorate	<input type="checkbox"/> Bachelors
Other:		
Website/URL of academic institution:		
Start date of the program (mm/yyyy):	Potential graduation date (mm/yyyy):	
Will you be attending Fulltime or Parttime? <i>(Note: for FNNND, fulltime is considered 3 or more courses/semester – not including the summer)</i>		

**BUDGET OUTLINE FOR PROGRAM:**

<b>Program Costs</b>					
<b>Expense</b>	<b>Fall Semester</b>	<b>Winter Semester</b>	<b>Spring Semester</b>	<b>Summer Semester</b>	<b>Total</b>
<b>Tuition:</b>					
<b>Student Fees:</b>					
<b>Books/Supplies:</b>					
<b>Living Costs*</b>					
<b>Living Allowance:</b>					
<b>Childcare:</b>					
<b>Transportation:</b>					
<b>Travel:</b>					
<b>Cost Breakdown</b>					
<b>Total Expected Costs per School Year:</b>					
<b>Potential Duration of Program:</b>					
<b>Total Potential Cost to Complete Program:</b>					

*\*FNNND current Post-Secondary/Training Policy outlines that students are eligible for \$1400.00 for Living Allowance, \$95.00 for Transportation, and \$1600.00 for Childcare (this will increase if you have more than one child). Please work with the Post-Secondary Coordinator to find out what you are eligible for.*

**DEPENDENTS**

Please outline the following information for each of your dependents:

<b>Last Name:</b>	<b>First Name:</b>	<b>Date of Birth (dd/mm/yyyy):</b>	<b>Relationship:</b>

## PAST EDUCATION HISTORY

If you have applied and received funding for post-secondary/training from the First Nation of Na Cho Nyäk Dun in the past, please fill out the following:

<b>Program or Course</b>	<b>Institute /school</b>	<b>Year(s) of study</b>	<b>Completed? Y/N</b>

If not completed, please explain why.

## LONG TERM GOALS

*Outline below why this program is essential for your long-term education and employment goals. Why do you need this program? What steps are you taking to help you?*

**CURRENT SOURCE OF INCOME**

Please check all that apply:

- Fulltime Employment
- Parttime Employment
- Self Employed
- Employment Insurance Benefits
- First Nations Income Assistance
- YTG Income Assistance
- FED Income Assistance
- Pension
- No Income
- Provincial Income Assistance

Other:

If on or have been on Employment Insurance:

	From (dd/mm/yyyy):	To (dd/mm/yyyy):
Claim Period:		

Have you had an Employment Insurance claim in the last five (5) years? \_\_\_\_\_

Have you had a maternity/paternity claim in the last five (5) years? \_\_\_\_\_

**SCHOLARSHIP/GRANTS/FOUNDATION INFORMATION – OPTIONAL**

*Please include in application all copies of scholarships, grants, bursaries, etc.*

If you are receiving funding from another source, please fill in the following:

<b>Name of Funding:</b>	<b>Amount:</b>	<b>Duration:</b>

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

## AGREEMENT TO REPAY AND DECLARATION

I, \_\_\_\_\_, hereby agree to repay the funding allocated by the First Nation of Na Cho Nyäk Dun (FNNND) for tuition, books/supplies, student fees, living allowance, travel, transportation, and all other associated costs covered by the FNNND if I do not complete the program or fail to contact the Education Department regarding changes to my student status. I further understand and agree that I must provide proof of completion of said program (an official document from the academic institution). Failure to do so will result in the assumption that the program was not successfully completed, and I will be responsible to repay all financial assistance provided by FNNND. I will also be expected to provide proof of enrolment at the start of program that clearly demonstrates fulltime or parttime enrolment (this can be a copy of your account statement). I also agree that I will notify the Education Department of any change in my student status throughout the program's duration.

I also 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 held liable for proceeding if I obtain funding under false pretenses or will be liable for full repayment of the financial assistance provided by FNNND.

Student Signature:

Date Signed:

Witness Signature:

Date Signed:

## STUDENT RECORD AUTHORIZATION

I, \_\_\_\_\_, hereby give permission to the First Nation of Na Cho Nyäk Dun to have access to my student records, attendance, transcripts, academic record, account statement, etc. to verify the information in this application and approve access of my school records.

Student Signature:

Date Signed:

Witness Signature:

Date Signed:

**FOR OFFICE USE**

*Please use dd/mm/yyyy for dates.*

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**Date application was started:**

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**Date application was completed and submitted:**

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**Due date for first tuition payment:**

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**This application was filled out with the help of (from EDU Dept.):**

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**Application Approved by (please print):**

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**Signature for Approval:**

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**Approved on:**

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**Paperwork submitted to finance on:**

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# STUDENT INFORMATION FOR DEPARTMENT OF FINANCE

*This portion will be detached and sent to finance on completion of the form.*

Personal Information	
Surname:	Given Name(s):
Date of birth (dd/mm/yyyy):	S.I.N.:
Cell Number:	Email:
Status #/Beneficiary:	Beneficiary (Yes/No)?
Contact Information while at school:	
Address:	City:
Province/Territory:	Postal Code:
Contact Information while at home:	
Address:	City:
Province/Territory:	Postal Code:
Program Information	
Name of Academic Institution:	
Name of Program:	
Type of Program:	
Start Date (dd/mm/yyyy):	Potential Graduation Date (dd/mm/yyyy):
Fulltime/Parttime?	

## STUDENT BANKING INFORMATION

If approved, I would like my funding provided for by:

- Cheque
- Direct Deposit (please provide banking information below)

Name of Bank:					
Transit #:		Institution #:		Account #:	