

KWANLIN DÜN FIRST NATION EDUCATION DEPARTMENT

FAILURE TO COMPLETE THIS FORM ACCURATELY WILL RESULT IN DELAY OF YOUR APPLICATION BEING REVIEWED

PERSONAL INFORMATION

Name: _____
KDFN Citizen: Yes No
Status #: _____ SIN #: _____
Date of Birth (m/d/y): _____
Mailing Address: _____ Postal Code: _____
City: _____ Province: _____
Phone #: _____ Cell #: _____
Email Address: _____

FINANCIAL INFORMATION

** A VOIDED CHEQUE or DIRECT DEPOSIT FORM from your bank is required if you want your funds directly deposited into your account.

Name of Bank: _____
Bank Address: _____
Institution No.: _____ Transit No.: _____
Account No.: _____

EDUCATION / TRAINING DESCRIPTION

Letter of Acceptance attached? Yes No
Education Institution Name: _____
Program / Course Name: _____
Location (City, Province or Territory): _____
Start date (this year): _____
End date (this year): _____
What year of studies are you currently attending? 1st 2nd 3rd 4th 5th 6th 7th
Estimated hours of classroom time per week: _____
Estimated hours of study time per week: _____
Expected date of graduation: _____

EDUCATION / TRAINING HISTORY

What is the highest grade you have completed: _____
Have you taken any upgrading? Yes No
Level of upgrading completed: _____

What post-secondary education / training have you completed?

What other education / training have you taken that would be relevant to the program applied for:

What are your educational goals?

HOUSEHOLD

- Marital status: Single
 Married or Common-law (employed spouse)
 Married or Common-law (dependent spouse)
 Married or common law (both attending school)

Do you have dependent children? Yes No

If yes, please list your dependent children living with you:

Name	Age	Relationship

INCOME

Are you currently collecting Employment Insurance (EI) benefits? Yes No

Have you collected EI benefits in the past 3 years? Yes No

Are you eligible for EI benefits? Yes No Have you applied for EI benefits? Yes No

Are you currently collecting Social Assistance (SA) benefits? Yes No

Are you collecting funds from any other sources? Yes No

Are you in arrears or do you owe any money to KDFN? Yes No

If you owe money to KDFN, have you signed a Repayment Plan? Yes No

EMPLOYMENT HISTORY

List any employment or volunteer work you have that is relevant to the education / training being applied for:

What prospective employment opportunities are there in your area of study?

ASSISTANCE HISTORY

Have you received student financial assistance from KDFN before? Yes No

If yes, how many years of support did you receive? _____ When: _____

For what programs / courses: _____

Did you complete the program(s) / course(s)? Yes No

If not, what were the reasons for not completing? _____

If yes, did you receive any Certificates or Diplomas? Yes No

Please specify: _____

It is mandatory that you apply to as many other sources as you possibly can to assist with your educational expenses. Please list below all other funding sources including bursaries and scholarships which you have applied to for sponsorship to this program. Please attach a copy of the letter for approved funds and rejection of funds (these must accompany your application):

If a job opportunity came available with KDFN once you have completed your training, would you apply on the job? Yes No

If there were a summer employment / training opportunity in your field of study would you be interested in summer employment / training? Yes No

I declare that the information submitted in this Application is true, correct and complete to the best of my knowledge. I also declare that the financial assistance sought will be used for the educational purposes as set out in the signed Student Sponsorship Agreement. I understand that if I have given any false or misleading information, I could be charged with a criminal offense and will be liable for full repayment of any financial assistance received.

I hereby give permission to KDFN Education Department to verify the information in this application and approve access of my school records. I will notify the KDFN Education Department should there be any changes in my circumstances and I consent to KDFN accessing information required to verify my income at any time during the sponsored period.

Applicants Signature

Date

Please provide the address and contact information (including the fax number) to the training institution that you are attending:

ASSISTANCE CALCULATION

Please complete the following budget as accurately as possible. Please be specific when adding in other costs. The costs identified in this budget will be reviewed by the Education Committee to ensure the student has the means to successfully support themselves and/or their families while attending school.

Expense Item	Monthly Expense	Total Cost	Staff Recommendation
Tuition and registration	N/A		Maximum \$10,000/year
Books and supplies	N/A		Maximum \$500.00/semester
Other required course costs/fees. Please specify:			
Transportation			
Airfare			Equivalent to a Student Flex Pass
Rent			
Food			
Utilities			
Child Care (if applicable)			
TOTAL EXPENSES	\$	\$	

Description of Financial Resources	Total	Verified by Staff
YG or Provincial Grants & Student Assistance Canada Student Grants & Loans		
Bursaries & Scholarships (indicate sources)		
Child Care Subsidy (Territorial / Provincial)		
Common-Law / Spousal Support / Maintenance		
If your spouse/partner's is receiving a student allowance and lives in the same household please indicate the amount of assistance they are receiving		
Personal contributions (savings, part-time/summer employment)		
Rental Income		
Other Income		
Total Financial Resources	\$	

Minus Total Expense	\$	
Balance (deficit / surplus)	\$	

Note: The financial support provided by KDFN for post-secondary education is not meant to cover all the expenses incurred by the student. Students must apply to other sources of funding to ensure they have adequate funding.

APPLICATION PROCESS

Please submit your completed application form along with any documents listed below by mail, fax, or a scanned copy in an email to:

Roxane Johnnie
Post-Secondary & Specific Program Coordinator
35 McIntyre Drive
Whitehorse, Yukon
Y1A 5A5

Phone: (867) 633-8422
Fax: (867) 633-7841
Email: roxane.johnnie@kdfn.net

Please submit the following documents along with your completed application form:

- Photocopy of your status card (new students only)
- Recent transcripts
- Letter of Acceptance
- If claiming dependents, provide the required Revenue Canada documentation for verification
- A copy of the course outline, including the cost of the program, may be requested
- Void cheque or Direct Deposit Form (required by new students. Then only required if the banking information has changed)

Please note that continuing or returning students are required to complete a new application form at the beginning each academic year or if you are moving to another college / university. However, not all of the supporting documentation (with the exception of recent transcripts) is required each time.

Deadline for Applications:

- Fall Semester June 15th
- Winter Semester November 15th
- Spring & Summer Semester March 15th

Notifying the Applicants:

Students will be contacted if additional information is required or if the person, institution, or program is not eligible for funding. Missing information must be submitted as quickly as possible or the application will be deferred.

Once the final decision on applications have been made, students will be notified, in writing, of the application results. If you have received a letter providing approval for your sponsorship, you must sign the Student Sponsorship Agreement. No funds will be dispersed to you until this has been received.

Questions:

If you need assistance with this application process or if you have any questions, please refer to the Post-Secondary Education Policy or contact the Post-Secondary & Specific Program Coordinator.