



Kwanlin Dün First Nation  
House of Learning  
35 McIntyre Drive  
Whitehorse, YT Y1A 5A5  
Ph: (867) 633-8422  
Fax: (867) 633-7841

## STUDENT SPONSORSHIP AGREEMENT

Date: \_\_\_\_\_  
Student Name: \_\_\_\_\_  
Student ID #: \_\_\_\_\_  
Education Institution Name: \_\_\_\_\_  
Program Name: \_\_\_\_\_  
Approved Period for Sponsorship: \_\_\_\_\_

I \_\_\_\_\_, agree that failure to attend the above sponsored education program at the Education Institution listed above, will result in the need for repayment of all funds provided to me.

If repayment is not received within a reasonable amount of time, I understand that I am not eligible for any future funding. \_\_\_\_\_ (student initials)

I authorize the education institution listed above and the Kwanlin Dün First Nation (KDFN) Post-Secondary & Specific Program Coordinator, to access or discuss any pertinent educational, training or budgetary information related to this assistance. \_\_\_\_\_ (student initials)

I authorize Student Services or other applicable departments from the education institution listed above, to communicate with the KDFN Post-Secondary & Specific Program Coordinator to discuss my attendance and provide progress reports from the education institution if needed. \_\_\_\_\_ (student initials)

I understand that my education or training assistance may be terminated for unsatisfactory performance, unexcused absences, withdrawal from courses and/or misuse of funds. \_\_\_\_\_ (student initials)

I agree to notify the KDFN Post-Secondary & Specific Program Coordinator within 48 hours of withdrawing from a course. \_\_\_\_\_ (student initials)

This agreement becomes effective as a binding contract when the applicant and the representative from the KDFN House of Learning have signed below:

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
KDFN Post-Secondary & Specific Program  
Coordinator (or designate) Signature

\_\_\_\_\_  
Date