



CARCROSS/TAGISH  
FIRST NATION

Capacity Development

Box 130, Carcross, Yukon Y0B 1B0

P (867) 821-4251 F (867) 821-8214

[www.ctfn.ca](http://www.ctfn.ca)

**STUDENT INFORMATION**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Place of residency: \_\_\_\_\_

Registry Number (Status or Beneficiary): \_\_\_\_\_

Proof of Activity to be funded: Funding for C/TFN students attending school *outside* the Yukon will be available, provided they can show proof that no other funding is available. Yes ( ) No ( )

Reason for application: ie) Are you receiving any other funding? What is the program is? Where is it held?

When are the dates? Cost?

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mail Address: \_\_\_\_\_

\_\_\_\_\_

If Cheque is being made out to an organization, please provide name and address:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Education Manager

cc//Student File