



**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)

## **Application for Living Subsidy: For Students Living Away from Home**

### **STUDENT INFORMATION**

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

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

Registry Number: \_\_\_\_\_

School being attended: \_\_\_\_\_

#### **Reason for application:**

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

Proof of Residency: \_\_\_\_\_ (attached)

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

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

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

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

Is this the address where the student will reside?    Yes    No

If not please give name and address of the caregiver (CHQS will be mailed to the caregiver)

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

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

\_\_\_\_\_  
Date

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



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**To:** Finance Department, CTFN

**From:** Education Manager, Capacity Development

**Date:** September 20\_\_-June 20\_\_

**Re:** Reimbursement of Living Subsidy (policy # CD-0210)

Name of Student: \_\_\_\_\_

Name of School: \_\_\_\_\_

Grade: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I acknowledge that in the case my son/daughter drops out of school, I am required to reimburse C/TFN the full amount within the end of the semester in which they have dropped out. I will provide this money to the C/TFN Finance Department.

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

\_\_\_\_\_  
Date

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