

Carcross/Tagish Training Fund (C/TTF)
Application for Individual Funding
 (Note – please use one application for each training course)

Applicant Information:

Name:			
Address:			
Phone:		Email:	
Presently Employed? ___ Yes ___ No	Last or Current Employer:		

Check one: ___ C/TFN Member ___ Other First Nation : _____ (specify) ___ Non-First Nation

Resident of the Carcross/Tagish Area Since:	
Have you lived in the Yukon for one consecutive year prior to today's date? ___ Yes ___ No	
If no, please explain:	

Name of Training Course:			
Course Delivery Provider:			
Course Location:			
Course Start Date:		Course End Date:	

Brief Description of Training and Why You are Applying for Funds:

List the major benefits/results this training will provide:

Age: ___ Under 18 ___ 18-30 ___ 30-54 ___ 55+ ___ Female ___ Male

Do you certify that the information above is true and complete? If yes, please sign below.

Signature: _____ Date: _____

Print Name: _____

Carcross/Tagish Training Fund (C/TTF)
Proposed Budget

Expenses:

Course Registration Fee: _____

Travel Costs: _____

Meals: _____

Accommodations: _____

Other (please specify): _____

Total Expenses: \$ _____

Revenue/ Funding Sources:

Grants, Funds, Etc: _____

Other (please specify): _____

Self: _____

Funding Request from C/TTF: _____

Total Revenues: \$ _____

FOR OFFICE USE ONLY

RECEIVED

Received on (DD/MM/YYYY): _____ by _____

REVIEWED

Reviewed by EETO: _____

Reviewed by Career Manager/Director of Capacity: _____

Application was: _____ Approved
 _____ Conditionally Approved
 _____ Denied

Notes:	

CARCROSS / TAGISH FIRST NATION



FINANCE
Government of Carcross Tagish First Nation (G/CTFN)
BOX 130
CARCROSS, YUKON Y0B 1B0
Phone: 867-821-4251
Fax: 867-821-3903

Repayment Agreement

G/CTFN Financial Policy 2-0275

CHECK A) or B)

___A) In accepting this offer of education/training funding from G/CTFN I acknowledge outstanding arrears to G/CTFN for:

Rent	\$ _____
Pump-outs	\$ _____
Fuel	\$ _____
Maintenance/Repairs	\$ _____
Education Sponsorship	\$ _____
Day Care Services	\$ _____
Emergency Loans	\$ _____
Other _____	\$ _____
TOTAL \$ _____	

I understand that, as a condition of receiving government services and funding, I must resolve this matter by repaying G/CTFN. Payments will be deducted through my bi-weekly Payroll Wages, Temporary Family Assistance, monthly living allowance or honorariums, and this must be no less than 10% or \$50.00 of the total outstanding arrears (whichever is greater).

I understand that refusal to enter into an agreement signifies that I cannot receive government educational/training funding.

Please deduct \$ _____ from each of my bi-weekly Payroll Wages, Temporary Family Assistance, monthly living allowance or honorariums starting immediately, without interruption, until the total arrears are paid on (month/day/year) _____.

Citizen/Beneficiary/Employee (initial) _____ (date) _____

___B) In accepting this offer of educational/training funding from G/CTFN, to the best of my knowledge, I do not owe outstanding arrears to G/CTFN. I understand that, as a condition of service and funding, if I am found to owe outstanding arrears to G/CTFN, I am required to sign a repayment agreement. Refusal to do so may cause a suspension of assistance or sponsorship and will be considered in future applications for funding.

Citizen/Beneficiary/Employee (initial) _____ (date) _____

Confirmed by calls to Finance, Wellness & Education:

Human Resources (sign) _____ (print) _____

Agreed to by:

Citizen/Beneficiary/Employee (sign) _____ (print) _____

Director of: _____ (sign) _____ (print) _____

Date: _____ Location: _____ Account code: _____ / _____

Finance Manager (sign) _____ (print) _____