

CARCROSS / TAGISH FIRST NATION



Education Programs & Services Coordinator
Box 130
Carcross, Yukon Y0B 1B0
Ph. (867) 332-1319
Fax (867) 821-4802



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

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To: Finance Department, CTFN
From: EOC, 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 CTFN the full amount within the end of the semester in which they have dropped out. I will provide this money to the CTFN Finance Department.

Parent/Guardian Signature

Date

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