

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

Application 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 Carcross/Tagish Area Since:	
Have you lived in the Yukon for one consecutive year prior to today's date? <input type="checkbox"/> Yes <input type="checkbox"/> 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
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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**

Box 130, Carcross, Yukon Y0B 1B0

P (867) 821-4251 F (867) 821-4802

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

**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:

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

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) \_\_\_\_\_