

C/TFN Community Training Fund (CTF)

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: _____

BUDGET PLAN				
Course Registration Fee	Accommodations OR Living Allowance	Meals	Travel	Other
	<i>Circle one:</i> Hotel Family/Friends Living Allowance \$ _____/day	Breakfast: \$ Lunch: \$ Supper: \$		
	# of days	Breakfast #: Lunch #: Supper #:		
\$ total	\$ total	\$ total	\$ total	\$ total
TOTAL TRAINING COST:		\$		
TOTAL EXTERNAL FUNDING I HAVE SECURED: <i>Grants, Scholarships, Departmental/Employer Training Dollars, Personal Savings</i>		\$		
TOTAL REQUESTED AMOUNT OF FUNDING FROM C/TFN: <i>Deduct external funding from total training cost</i>		\$		
FOR OFFICE USE ONLY <i>For EETO to fill out</i>				
Received Date				
Reviewed (<i>circle once complete</i>)	By EETO		By Capacity Development Director	
Status (<i>circle one</i>)	Approved	Conditionally Approved	Denied	
Notes				
Applicant Informed Date				



**CARCROSS/TAGISH
FIRST NATION**

Box 130, Carcross, Yukon Y0B 1B0

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

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:

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) _____