



CARCROSS/TAGISH
FIRST NATION

Capacity Development

Box 130, Carcross, Yukon Y0B 1B0
P (867) 821-4251 F (867) 821-8214

www.ctfn.ca

Post-Secondary Application

Please completely fill out entire application or it will be considered an incomplete application and will not be processed through the Education Advisory Committee.

SECTION 1 CRITERIA CHECKLIST

- _____ Are you a member of the Carcross/Tagish First Nation?
- _____ Have you been accepted into a recognized educational institution?
- _____ Have you attached their confirmation of acceptance to this application form?
- _____ Have you requested an Official Transcript for your last period of study?
- _____ Have you researched all possible other funding sources?

**** It is mandatory for C/TFN citizens to apply to other sources, as C/TFN funding is not intended to be the sole source of funding for students.** Proof is required to show that you applied elsewhere for funding in a letter that either states the student is approved or denied. **

Below is a website of Yukon Government sources:

www.education.gov.yk.ca/student-funding-application.html

SECTION 2 ADDITIONAL DOCUMENTS

Application form must include:

- _____ proof of citizenship (copy of Status Card or a Beneficiary Number)
- _____ proof of dependents (Revenue Canada documentation)
- _____ letter of acceptance to program
- _____ official copy of most recent transcripts
- _____ Statement of Intent:
- ✓ your education/career goals and action plan
 - ✓ why you are applying for educational funding
 - ✓ if you are studying out of Yukon, explaining why
 - ✓ any other information that will help the Capacity Development Department make a decision

**SECTION 3
PERSONAL INFORMATION**

Name: _____
First Middle Initial Last Name

Date of Birth: (DD/MM/YYYY) _____

Social Insurance Number: _____

Status Number: (if applicable) _____

C/TFN Beneficiary Number: _____

Mailing Address: _____
Apt/Unit Street City

Province/Territory Postal Code

Permanent Address: _____
(if different than above) Apt/Unit Street City

Province/Territory Postal Code

Phone Number: _____ Email Address: _____

Marital Status: _____ Single, independent
_____ Single, living with parents
_____ Married, with Employed Spouse
_____ Married, with Dependent Spouse

Dependents:

Name	Age	Relationship to You

**SECTION 4
BACKGROUND INFORMATION**

Current Sources of Income: *(check all that apply)*

- Employed
 - Full-Time
 - Part-Time
- Receiving Temporary Financial Assistance
- Personal Savings
- Family Contributions
- EI or WCB
- Other: _____

Provide details of all training courses or programs that you have attended in the last 5 years:

Name of Course	Start Date	End Date	Course Completed (Y/N)	C/TFN Sponsored (Y/N)

Please provide details of your employment history, or attach a current resume.

Job Title	Organization Name	Start Date	End Date	Reason for Leaving

**SECTION 5
TRAINING INFORMATION**

Name of Institution: _____

Name of Program: _____

Location of Program: _____

Course Begins: _____ Course Ends: _____

Level of Study: ___ Certificate ___ Full Time
 ___ Diploma
 ___ Degree ___ Part Time
 ___ Masters

Expected Graduation Date/Year: _____ Expected Annual Tuition Cost: _____

Budget Plan:

It is very important that you include all expected costs for the year.

Policy CD – 0300 16.0 STUDENT SUPPORT lists the different items students can apply for.

If you require additional books/supplies that go over the \$500/semester allocation, you must submit a detailed list from your institution stating the extra costs for the books/supplies.

If you have other costs, please be specific.

****Please note, that approval on each budget item is based on the over-all Post-Secondary Education budget and some amounts may not be approved.****

Tuition: _____

Books/Supplies: _____

Living Allowance: _____

Travel: _____

Other: _____

Total Cost: _____

**SECTION 6
STUDENT DECLARATION**

I hereby declare that all information I have provided is complete and true. I understand that any misleading or fraudulent information will disqualify me from obtaining this funding and other funding that is offered by the Carcross/Tagish First Nation.

I understand that it is my responsibility to provide the Carcross/Tagish First Nation Capacity Development Department with written notice of any and all changes that may affect this training application or funding agreement.

I understand that if I am suspended, released, or do not complete my education program for any unjustified reason, I will be required to reimburse the Carcross/Tagish First Nation for the full amount of funding received.

I understand that I must provide proof of completion to the Capacity Department as soon as possible when the course is completed.

I authorize the Carcross/Tagish First Nation Capacity Development Department to access information and documentation from any educational institution regarding my academic progress, attendance, and official transcripts.

I authorize the Carcross/Tagish First Nation Capacity Development Department to share necessary information with departments of the Yukon Territorial Government, the Government of Canada, educational institutions, or funding providers.

I authorize my educational institution to invoice Carcross/Tagish First Nation Capacity Development Department directly for the costs of my tuition at this address:

I, the student, have read and understand the contents of this letter, signing this document will allow the institute to provide the Capacity Development Office of Carcross/Tagish First Nation with information regarding registration, grades, attendance, transcripts and other information as required to continue education funding. **ONCE SIGNED, THE STUDENT UNDERSTANDS THAT THIS LETTER WILL LIFT THE "ACCESS TO INFORMATION AND PRIVACY ACT" RESTRICTIONS AND THAT THE SPONSOR, BEING CARCROSS/TAGISH FIRST NATION CAPACITY DEPARTMENT MAY ACCESS MY STUDENT RECORDS FOR INFORMATION WHEN THERE IS A QUESTION REGARDING MY REGISTRATION, GRADES, ATTENDANCE, TRANSCRIPTS AND OTHER INFORMATION SPECIFICALLY RELATING TO OR AFFECTING MY EDUCATION.**

STUDENTS, MAKE SURE THAT YOU UNDERSTAND THIS CLAUSE.

Capacity Development Department
P.O. Box 130
Carcross, YT Y0B 1B0
ph: (867) 821-4251 ext 8257
fax: (867) 821-8214

Student Name

Date

Education & Employment Training Officer

Date



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) _____

For office use only

RECEIVED

Received on (DD/MM/YYYY): _____

REVIEWED

Reviewed by EETO: _____

Reviewed by Education and Training Funding Committee: _____

Application was: _____ Approved
 _____ Conditionally Approved
 _____ Rejected

Notes: _____

INFORMED

Applicant was informed on: _____ by _____ via _____
 (date) (staff) (phone/email/fax/mail)