



**CARCROSS/TAGISH
FIRST NATION**

Capacity Development

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

www.ctfn.ca

2019/2020 Post-Secondary Application

Incomplete or late applications will not be considered:

- Summer Deadline (For programs starting between May-Aug 2019): March 15th 2019
- Fall Deadline (For programs starting between Sept-Dec 2019): June 1st 2019
- Winter Deadline (For programs starting between Jan-April 2020): November 15th 2019

SECTION 1 ELIGIBILITY REQUIREMENTS <i>Check off each statement once complete</i>	
	I am a registered citizen/beneficiary of the Carcross/Tagish First Nation
	I have read the section of C/TFN's Capacity Development Policy titled "Post-Secondary Student Support Program" pg. 31-45. (Available at: www.ctfn.ca)
	(ONLY FOR PROGRAMS OFFERED OUTSIDE OF THE YUKON) I have done the research and could not find a similar program available within the Yukon.
	I have researched and applied for all other possible funding sources. * It is mandatory for C/TFN citizens to apply to multiple funding 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 states either approval or denial of funding. A list of external funding is available at: www.ctfn.ca and/or from the EETO Office.

SECTION 2 ADDITIONAL DOCUMENTS <i>Check off each document once added to application</i>	
	Proof of C/TFN citizenship (Beneficiary Number)
	Proof of dependents (Birth Certificates OR Revenue Canada Documentation)
	Letter of acceptance to program at a recognized post-secondary institution
	Proof of tuition costs from your post-secondary institution
	Proof of program study dates from your post-secondary institution for the 2019/2020 academic year
	Official copy of most recent transcripts
	Proof of application for external funding along with approval/denial of application.
	Statement of intent that outlines: <ul style="list-style-type: none"> • Your education/career goals & action plan (the steps you will take to reach your goals) • 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	<i>First Name</i>			<i>Middle Initial</i>	<i>Last Name</i>
Date of Birth	Social Insurance Number	Status # <i>(if applicable)</i>	C/TFN Beneficiary Number		
<i>DD/MM/YYYY</i>					
Mailing Address	<i>Apt/Unit</i>	<i>Street</i>	<i>City</i>		
	<i>Province/Territory</i>		<i>Postal Code</i>		
Permanent Address (if different from above)	<i>Apt/Unit</i>	<i>Street</i>	<i>City</i>		
	<i>Province/Territory</i>		<i>Postal Code</i>		
Phone Number (with area code)		Email Address			
Marital Status (circle one)	Single, independent	Single, living with parents	Married, with employed spouse	Married, with dependent spouse	
Dependents (list all and attach proof)					
	<i>Names</i>		<i>Ages</i>	<i>Relationship to you</i>	

SECTION 4 FINANCES			
Current Financial Situation <i>(circle all that apply)</i>	Employed Full Time	Employed Part Time	Receiving Temporary Financial Assistance
	Worker's Comp (WCB)	Employment Insurance (EI)	Other: _____
External Funding Contribution <i>(External funds that you have secured from elsewhere to put towards school)</i>	Personal Savings: \$ _____	Family Contribution: \$ _____	Government Student Loan: \$ _____
	Bank Student Loan: \$ _____	Approved Scholarships/Grants/Bursaries: \$ _____	Other: _____ \$ _____
TOTAL EXTERNAL FUNDING:			

SECTION 5 EDUCATION HISTORY				
<i>Provide details of training courses or programs that you have attended in the last 3-5 years</i>				
Course Name	Start Date	End Date	Completed (Y/N)	C/TFN Sponsored (Y/N)

SECTION 6 EMPLOYMENT HISTORY				
<i>Please provide details of your recent employment history or attach a current resume</i>				
Job Title	Organization Name	Start Date	End Date	Reason for Leaving

**SECTION 7
TRAINING INFORMATION**

Institution Name					
Program Name					
Location of School/Program					
Study Start Date <i>Within the 2019-2020 academic year</i>			Study End Date <i>Within the 2019-2020 academic year</i>		
Program Level <i>(circle one)</i>	Certificate	Diploma	Bachelor's Degree	Master's Degree	Doctoral Degree
Course Load <i>(circle one)</i>	Full Time <i>(3-5 courses that are 3 credits each)</i>		Part Time <i>(1-2 courses that are 3 credits each)</i>		
Expected Graduation Date <i>(for entire program)</i>					

**SECTION 8
BUDGET PLAN**

It is important that you list all expected costs for the year

IMPORTANT TO NOTE:

- The Capacity Development Policy – (Section 3 of C/TFN’s Policy) lists the different items students can apply for under: “16.0 STUDENT SUPPORT” (pg. 39-44). Available at: www.ctfn.ca
- If you require additional books/supplies that go over the \$500-600/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
<i>/semester</i>	<i>/semester</i>	<i>/month</i>		
<i># of semesters</i>	<i># of semesters</i>	<i># of months</i>		
<i>\$ total</i>	<i>\$ total</i>	<i>\$ total</i>		

TOTAL ACADEMIC YEAR COST:

TOTAL EXTERNAL FUNDING I HAVE SECURED:

See section 4

TOTAL REQUESTED AMOUNT OF FUNDING:

Deduct external funding from total cost

OFFICE SECTION

For EETO to fill out – Students please DO NOT fill out this section

Tuition	Books/Supplies	Living Allowance	Travel	Other
<i>/semester</i>	<i>/semester</i>	<i>/month</i>		
<i># of semesters</i>	<i># of semesters</i>	<i># of months</i>		
<i>\$ total</i>	<i>\$ total</i>	<i>\$ total</i>		

TOTAL COST:

**SECTION 9
STUDENT DECLARATION**

Read the following carefully



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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 if I fail to maintain a minimum Grade Point Average of 2.0 (C or 73%) per semester my funding will be terminated.

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 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, I THE STUDENT UNDERSTAND 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.

Student Name

Date

Education & Employment Training Officer

Date



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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 <i>For EETO to fill out</i>			
Received Date			
Reviewed <i>(circle once complete)</i>	By EETO	By Education Advisory Committee	
Status <i>(circle one)</i>	Approved	Conditionally Approved	Denied
Notes			
Applicant Informed Date			