

Box 130, Carcross, Yukon Y0B 1B0 **P** (867) 821-4251 **F** (867) 821-8214 www.ctfn.ca

	Funding for Registered C/TFN K4-12 students for the				School Year			
Parent/Guardian Name:								
	Date:							
Mailing Address:	Phone #:							
Student's Name	Registry Number (status) *or Beneficiary Number (non-status)	Date of Birth Day/Month/Year	Age Now	Grade K4 - 12	School Supplies	Winter Clothing	Office Use Only	
			TOTAL					
School Attending (student	Location							
Will you or have you received	any other school supply/clothing	subsidies for the stude	ent(s) me	ntioned ab	ove? []YES	□NO		
f Yes, from where?		Amount re	ceived?					
declare that all information g	iven is true to the best of my knc	wledge: Signature:						

Once your application is reviewed, any subsidy you qualify for will be mailed to you. Please ensure you have included your correct mailing address above. If you have any questions or concerns, please call the Education Manager @ 821-4251 ext: 8229

*School supply and winter clothing request forms will not be accepted after March 31st**

You MUST provide your child's registry number or beneficiary number on this form, or it will not be processed**

You also need to provide receipts for the Winter clothing by March 31st