

CARCROSS/TAGISH FIRST NATION



Education Programs and Services Coordinator
CAPACITY DEVELOPMENT DEPARTMENT
BOX 130, CARCROSS, YUKON Y0B 1B0 PHONE (867) 821-8303 FAX (867) 821-8214

Student Winter Clothing Request (CTFN Yukon Students Only)

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 10- 12	Office Use Only
		•		TOTAL	
School Attending (student must already be registered)		Location			
Will you or have you received any other school supply subsidies for the student(s) mentioned above?		☐ Yes ☐	No		
If Yes, from where? Amount received?				<u></u>	
I declare that all information given is true to the best of my k	nowledge: Signature:				
Once your application is reviewed, any subsidy you qualify f			nailing ac	ddress abov	e. If you h

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

Gunalchise!

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EOC Signature

Education Programs & Services Coordinator Box 130 Carcross, Yukon Y0B 1B0 Ph. (867)821-8232/332-1319 Fax (867)821-4802



Finance Department, CTFN To: From: EOC, Capacity Development Date: September 20 -June 20 Re: Reimbursement of Winter Clothing Allowance (policy # CD-0230) Name of Student: Name of School: Grade: _____ Parent/Guardian: Telephone Number: Address: I acknowledge that in the case my son/daughter drops out of school, I am required to reimburse CTFN the full amount (\$350.00) by the end of the school year. I will provide this money to the CTFN Finance Department. If in the case it does not get repaid, my child(ren) may not be eligible for this funding the following school year. Parent/Guardian Signature Date