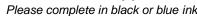
KFN Post Secondary Student Assistance Application Please complete in black or blue ink





Personal Information							
Full Name:			Status Card #				
			Date of Birth (Y/M/D)				
Home Phone: () Cell Phone: ()			Social Insurance #				
Email:			Direct Deposit My Check ☐ (If you check this box you must provide us with a void cheque or banking information)				
Address Information							
Your address while at school:			Permanent Address (When you are not in school)				
Postal Code			Postal Code				
Marital Status							
☐ Single, living with parents ☐ Single ☐ Married with employed Spouse			Name of Depe 1. 2.		Age	Relat	tionship to you
☐ Married with dependent Spouse			3. 4.				
Single, with dependent	15		<u> </u>				
Course Information What course/program will	vou be ta						
What institute will you be							
When does the course sta							
Accreditation Sought:			Time Commi				
CERTIFICATION DIPLOMA DEGREE POST GRADUATE DEGREE TRADES TICKET OTHER:			PART TIME FULL TIME – MUST BE ENROLLED IN AT LEAST 3 CREDITS PER SEMESTER Expected Graduation Year: # of Years Assistance Requested:				
Education History	Name of	Institution	Program Year completed				
Date Attended							
Employment History							
Name & Address of Employer	Start and End date of employment		Job Title		Reason for leaving		
, ,	, ,						
Financial Income	l	Dor month	Dorgonostar	Chausa			Total
Financial Income Employment		Per month	Per semester	Spouse	Spouses Income Total		
Employment Insurance (E	EI)						
Department of Indian Affa	nirs						
Child tax benefit Yukon Grant							
Training allowance							
Scholarships:							
Bursaries:							
Grants Other:							
J	Total						

Are you aware of any outstanding debts you have with Kluane First Nation? () Yes () No ***If you do have an outstanding debt, any financial support you may receive may be garnished until that debt is repaid.							
_			T =				
Expenses Rent	Per month	Per semester	Total				
Food							
Utilities (electricity, hydro)							
Transportation							
Other:							
Other:							
Other:							
Tuition							
Books							
Lab expenses							
Student Fees							
	Total	Total	Total				
Document Checklist: ☐ Most recent transcript (returning students only) ☐ Letter of acceptance ☐ Your letter of intent ☐ KFN student funding agreement ☐ Documents received that state you have been denied funding from other sources ☐ Receipts or estimate of tuition, book and		student fee costs Proof of cost of living expenses (receipts for rent, utilities, etc) Copy of your last years Income tax return Childcare receipts Letters of reference (Optional)					
PO Box 20, Burwash Landing, Yukon Y0B 1V0 Phone: (867) 841-4274 x230 Fax: (867) 841-5900 Email Scan: human.resources@kfn.ca . If faxing, please follow up with a phone call to confirm receipt. Application Deadlines: FALL SEMESTER: July 15 th - WINTER SEMESTER: November 30 th - SUMMER SEMESTER: March 31 st							
Eligibility for Post Secondary sponsorship is only open to Kluane First Nation Citizens.							
"Very Important" TRAINEE DECLARATION: I certify that the information above is true, correct and complete in every respect and I understand I may be subject to verification by KFN or its representatives, I will report to KFN as soon as possible, if there are changes in the information, I am aware legal action can be taken against me for making false statements or failing to inform KFN of changes to the information affecting my entitlement to allowances and/or Employment Insurance benefits. I am aware that I may be disqualified from receiving benefits should I voluntary or involuntarily exit the course, or not attend on a regular basis. I hereby declare that I acknowledge the terms and conditions set out in this contract and agree that in the event that I choose not to adhere to one or more of the following, I may be exempted from future funding. 1. I am responsible to reimburse KFN for training costs or allowances, on a per diem basis, should I voluntarily or involuntarily exit the course, or not attend on a regular basis. 2. I will provide receipts to KFN for pre-approved training related purchases. 3. I am responsible for any costs incurred in excess of the agreed upon amount. 4. I am responsible to provide KFN with a written evaluation of the training upon completion. I will save KFN harmless from and against all claims, losses, damages, costs and expenses related to any injury or death of a person, or loss or damages to property caused or alleged to be caused by this training initiative and that all necessary liability and life insurance shall be maintained by me for the duration of this activity. TRAINEE WAIVER: I agree and authorize that information related to this training may be shared amongst participating Provincial Ministries, Federal Departments and Public /Private Training Institutions identified as being a stakeholder.							
Signature of Client		Date					
FOR OFFICE USE ONLY:							
Reviewed by:	Date:						
rtoviowod by.	Date.						

Annual Amount:

Date:

Approved: