



# KFN Post Secondary Student Assistance Application

Please complete in black or blue ink

## Personal Information

Full Name: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

Status Card # \_\_\_\_\_

Date of Birth (Y/M/D) \_\_\_\_\_

Social Insurance # \_\_\_\_\_

**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:

Postal Code \_\_\_\_\_

Permanent Address (*When you are not in school*)

Postal Code \_\_\_\_\_

## Marital Status

Single, living with parents

Single

Married with employed Spouse

Married with dependent Spouse

Single, with dependents

Name of Dependents	Age	Relationship to you
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

## Course Information

What course/program will you be taking: \_\_\_\_\_

What institute will you be attending: \_\_\_\_\_

When does the course start: (Y/M/D) \_\_\_\_\_ End Date: \_\_\_\_\_

## Accreditation Sought:

CERTIFICATION

DIPLOMA

DEGREE

POST GRADUATE DEGREE

TRADES TICKET

OTHER: \_\_\_\_\_

## Time Commitment

PART TIME

FULL TIME – MUST BE ENROLLED IN AT LEAST 3 CREDITS PER SEMESTER

Expected Graduation Year: \_\_\_\_\_

# of Years Assistance Requested: \_\_\_\_\_

## Education History

Date Attended	Name of Institution	Program	Year completed

## Employment History

Name & Address of Employer	Start and End date of employment	Job Title	Reason for leaving

## Financial Income

	Per month	Per semester	Spouses Income	Total
Employment				
Employment Insurance (EI)				
Department of Indian Affairs				
Child tax benefit				
Yukon Grant				
Training allowance				
Scholarships:				
Bursaries:				
Grants				
Other:				
<b>Total</b>				

Turn page over...

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.**

Expenses	Per month	Per semester	Total
Rent			
Food			
Utilities (electricity, hydro)			
Transportation			
Other: _____			
Other: _____			
Other: _____			
Other: _____			
Tuition			
Books			
Lab expenses			
Student Fees			
	<b>Total</b>	<b>Total</b>	<b>Total</b>

**Document Checklist:**

- |                                                                                                        |                                                                                               |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Most recent transcript ( <i>returning students only</i> )                     | student fee costs                                                                             |
| <input type="checkbox"/> Letter of acceptance                                                          | <input type="checkbox"/> Proof of cost of living expenses (receipts for rent, utilities, etc) |
| <input type="checkbox"/> Your letter of intent                                                         | <input type="checkbox"/> Copy of your last years Income tax return                            |
| <input type="checkbox"/> KFN student funding agreement                                                 | <input type="checkbox"/> Childcare receipts                                                   |
| <input type="checkbox"/> Documents received that state you have been denied funding from other sources | <input type="checkbox"/> Letters of reference ( <i>Optional</i> )                             |
| <input type="checkbox"/> Receipts or estimate of tuition, book and                                     |                                                                                               |

**All applications are to be mailed or faxed to: Post Secondary Education, Kluane First Nation, PO Box 20, Burwash Landing, Yukon Y0B 1V0 Phone: (867) 841-4274 x230 Fax: (867) 841-5900 Email Scan: [human.resources@kfn.ca](mailto:human.resources@kfn.ca). If faxing, please follow up with a phone call to confirm receipt.**

**Application Deadlines: FALL SEMESTER: July 15<sup>th</sup> - WINTER SEMESTER: November 30<sup>th</sup> - SUMMER SEMESTER: March 31<sup>st</sup>**

**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:

Approved:

Date:

Annual Amount: