First Nation of Na-Cho Nyak Dun
Department of Education/Heritage and Youth
P.O. Box 220
Mayo, Yukon. Territory
Y0B – 1M0
Phone: (867) 996-2265 Ext: 136
Fax: (867) 996-2028
Email: educationdirector@nndfn.com

REQUEST FOR COMMUNITY TRAINING FORM

PERSONAL INFORMATION REQUIRED:

Given name:	**Surname:**
Date of Birth: Year/Month/Date	**Please check one:** Beneficiary ○ Status ○
Permanent Address/street:	**City/Town:**
Province/Territory:	**Postal Code:**
Telephone number: Cell Number:	**Email Address:**

Name of training /course:_____

Provided by:_____ Location of training /Course:_____

Contact person: _____ Telephone number:_____

Leave Date:_____ Return Date: _____

Reason for training /Course: _____

Did you apply for any other funding agencies: YES OR NO

Note: Applicant is responsible for making hotel reservations, if you do not attend, you need to cancel your room. NND will not be responsible for the room, if you have failed to cancel the room or no show.

Expenses	**Requesting**	**For Office Use Only: Amount approved**
Tuition/Registration	$	
Books/Supplies	$	
Meals	$	
Incidentals	$	
Hotel **Name:**	$	
Private Accommodation	$	
Living Allowance	$	
Gas Purchase One Way	$	
Gas Purchase Return Trip	$	
Total Amount	$	

Declaration of applicant: I _____ accept the amount of financial assistance provided as approved above. I understand that I must provide written proof that I completed the training specified. I further understand and agree that if I fail to complete the training specified without having reasonable cause, I must repay the total amount advanced to me or paid on my behalf.

Applicants Signature: _____ **Date**: _____

Financial Assistance is hereby: □ Approved □ Not Approved

Details: _____

Manager of Education Signature_____ Date: _____

Executive Director Signature_____ Date: _____