



**APPLICATION FOR FIRST NATION OF NA-CHO NYAK DUN EDUCATION FUNDING  
PROGRAM ASSISTANCE**

**INDIVIDUAL STUDENT RECORD**

Status Number/Beneficiary	Beneficiary Yes or No
Given Names:	Surname:
Permanent address/street	City
Province	Postal Code
Phone Number Fax Number	Date of birth Gender M / F
Cell phone Number	Email Address

Please list your dependants (if more than 4 dependants list separately)

1. Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

3. Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

4. Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Have you received funding from the First Nation of Na-Cho Nyak Dun before? Yes or No

If yes, Please give the following information

**PAST EDUCATION HISTORY**

Year	Program or Course	Institute /school	Year of study	Completed Yes or No

**INSTUTION AND PROGRAM YOU ARE APPLYING FOR ASSISTANCE:**

Name of Trade School/College/University: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Program or Course: \_\_\_\_\_

List courses taking: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Full-Time	Part-Time	Year/Month/Day Start	Year/Month/Day End	Graduation Date
<b>Please Check Semester</b>				
<input type="checkbox"/> Fall (September to December)		<input type="checkbox"/> Spring (May to June)		
<input type="checkbox"/> Winter (January to April)		<input type="checkbox"/> Summer (July to Aug)		
<b>Other Types of Programs:</b>			<b>Type of degree sought</b>	
<input type="checkbox"/> Upgrading		<input type="checkbox"/> Trades	<input type="checkbox"/> Certificate	<input type="checkbox"/> Diploma
<input type="checkbox"/> College Preparation		<input type="checkbox"/> Distance Education	<input type="checkbox"/> Bachelor	<input type="checkbox"/> Master
<input type="checkbox"/> Tutoring		<input type="checkbox"/> Community Training	<input type="checkbox"/> Doctorate	

**I AM REQUESTING THE FOLLOWING:**

Expenses	Cost	Description:
<input type="checkbox"/> Tuition	\$	
<input type="checkbox"/> Books	\$	
<input type="checkbox"/> Supplies	\$	
<input type="checkbox"/> Living Allowance	\$	
<input type="checkbox"/> Childcare:	\$	
<input type="checkbox"/> Transportation:		
<input type="checkbox"/> Other:	\$	
<b>Total Expense</b>	\$	

## SCHOLARSHIP/GRANTS/FOUNDATION INFORMATION

Student must show facts that they have applied for any grants, scholarships or foundations – by providing copy of denial or approval letters.

Are you receiving funding from any other source?    Yes   or   No

**Please include copy of Scholarship or Grants, foundation applications.**

Name Source: \_\_\_\_\_ Contact Number: \_\_\_\_\_

## STUDENT DECLARATION

I declare that the information submitted in this application to be true, correct and complete to the best of my knowledge and that the financial assistance sought will be used for the educational purpose set out and I understand that if I haven given any false or misleading information. I will be liable for proceeding if I obtain funding under false pretenses or will be liable for full repayment of my grant. I hereby give permission to the First Nation Education Program to verify the information in this application and approve access of my school record; I will notify the program if I withdraw from my course of studies.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please note: ALL INCOMPLETE APPLICATIONS WILL BE RETURNED.**



## AGREEMENT TO REPAY

I, \_\_\_\_\_  
Name

of, \_\_\_\_\_  
City Province or Territory

Acknowledge the funding received from the Education Department of the Na Cho Nyak Dun First Nation.

I hereby agree to repay the funding allocated for tuition, book fees, living allowance, travel and other associated cost if I do not complete the courses.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature: \_\_\_\_\_ Witness: \_\_\_\_\_



## STUDENT RECORD AUTHORIZATION

I \_\_\_\_\_ give permission to the First Nation of Na Cho Nyak Dun Education

Department to have access to my student records, attendance, transcripts, marks, etc.

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## POST – SECONDARY STUDENT DATA

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### **Contact while at school:**

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ S.I.N: \_\_\_\_\_

\_\_\_\_\_ Birth Date: \_\_\_\_\_

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

Name of University/College/Institute: \_\_\_\_\_

Name of Program of Study: \_\_\_\_\_

Degree/Diploma/Certificate/Other: \_\_\_\_\_

Expected date of Graduation: \_\_\_\_\_

### **Contact while at home:**

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

If approved: I would like my living allowance  By Cheque  Direct Deposit

If Direct Deposit – Please provide the Banking Institution Number and Account Number

\_\_\_\_\_