



10.1 Appendix 1 - Post-Secondary Student Application Form



Champagne and Aishihik First Nations

POST-SECONDARY EDUCATION PROGRAM APPLICATION

PERSONAL INFORMATION

PAGE 1 OF 3

FULL NAME:			STATUS CARD NO. _____		
FIRST NAME	MIDDLE NAME	LAST NAME	BENEFICIARY NO. _____		
			DATE OF BIRTH: Y/M/D _____		
			SOCIAL INSURANCE NO. _____		
EMAIL ADDRESS:					
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> DISABLED <input type="checkbox"/> NOT DISABLED ARE YOU ON EMPLOYMENT INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO CURRENT SOURCE OF INCOME <input type="checkbox"/> EMPLOYED FULLTIME _____ <input type="checkbox"/> EMPLOYED PART TIME _____ <input type="checkbox"/> SELF EMPLOYED _____ <input type="checkbox"/> INCOME ASSISTANCE (EI, CAFN, YG) _____ <input type="checkbox"/> NO INCOME _____ <input type="checkbox"/> OTHER (WCB, PENSION INCOME) ETC. _____			<input type="checkbox"/> STATUS ON TRADITIONAL TERRITORY <input type="checkbox"/> STATUS OFF TRADITIONAL TERRITORY <input type="checkbox"/> NON STATUS <input type="checkbox"/> INUIT <input type="checkbox"/> METIS		

COURSE INFORMATION

WHAT COURSE/PROGRAM ARE YOU INTERESTED IN TAKING?	
NAME OF SCHOOL:	
WHEN DOES THE COURSE START? YEAR/MONTH/DAY:	WHEN DOES THE COURSE END? YEAR/MONTH/DAY:
ACCREDITATION SOUGHT: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> DIPLOMA <input type="checkbox"/> DEGREE	STUDENT STATUS: <input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME – AS DEFINED BY POST-SECONDARY INSTITUTION
EXPECTED GRADUATION YEAR:	NUMBER OF YEARS OF ASSISTANCE REQUESTED:
Applications for fall, winter and/or summer semesters must be submitted on an annual basis.	
Application is not a guarantee of approval. There are limits on funding. Refer to Policy for details.	

MAILING ADDRESS

PERMANENT ADDRESS

THIS IS WHERE YOUR <u>CHEQUE</u> WILL BE MAILED:	THIS IS YOUR PERMANENT ADDRESS WHEN YOU ARE NOT GOING TO SCHOOL:
POSTAL CODE	POSTAL CODE
TELEPHONE No. ()	TELEPHONE No. ()





POST-SECONDARY EDUCATION PROGRAM APPLICATION		PAGE 2 OF 3	
MARITAL STATUS	NAME(S) OF DEPENDENTS	AGE(S)	RELATIONSHIP TO YOU
<input type="checkbox"/> SINGLE, LIVING WITH PARENTS	1.		
<input type="checkbox"/> SINGLE	2.		
<input type="checkbox"/> MARRIED WITH EMPLOYED SPOUSE	3.		
<input type="checkbox"/> MARRIED WITH DEPENDENT SPOUSE	4.		
DEPENDENTS	5.		
<input type="checkbox"/> NUMBER OF DEPENDENTS			

EDUCATIONAL HISTORY

DATES ATTENDED	NAME OF INSTITUTION	PROGRAM	YEAR COMPLETED

When you were in grade school, what grade did you complete?

What year?

EMPLOYMENT HISTORY

EMPLOYER'S NAME / ADDRESS:	START AND END DATES OF EMPLOYMENT:	JOB TITLE:	SUPERVISOR'S NAME / PHONE NUMBER:

Are you or your spouse receiving funds from any other source? ____ If so, from where?

Applications must be completed in full. Failure to do so will delay application processing.

Eligibility for Post-Secondary sponsorship is only open to Champagne and Aishihik First Nations Citizens.

**Applications to be mailed or faxed to: Post-Secondary Education, Champagne and Aishihik First Nations
304 Jarvis Street, Whitehorse, Yukon Y1A 2H2 Phone: (867) 456-6888 Fax: (867) 667-6202**

FOR OFFICE USE ONLY:

Reviewed by:

Date:

Approved by:

Date:





STUDENT DECLARATION

STUDENT 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 CAFN or its representatives. I will report to CAFN 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 CAFN 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 voluntarily 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 CAFN for education costs or allowances, should I voluntarily or involuntarily exit the course, or not attend on a regular basis.
2. I will provide receipts to CAFN for pre-approved education related purchases.
3. I am responsible for any costs incurred in excess of the agreed upon amount.

I will save CAFN 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 education initiative, and that all necessary liability and life insurance shall be maintained by me for the duration of this activity.

STUDENT 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





10.2 Appendix 2 – Student Budget Worksheet Planning Tool

Expense Description	Estimated Total Cost	Yukon Grant if Eligible	CAFN Student Budget Amount as Approved	Participant Portion: Savings, Student Loan, Part-time Employment	Other: Grants, Scholarships, Family Contributions, etc.
Tuition					
Books and Supplies					
Travel					
Accommodation					
Childcare					
Living Expenses (food, phone, transit, utilities, etc.)					
Other					
Totals					

STUDENTS

Please use the Budget Worksheet Planning Tool when planning your education.

Costs of programs and cost of living vary depending on where you are studying.

CAFN student support is limited and will likely not cover all of the expenses of attending school.





CHAMPAGNE AND AISHIHIK FIRST NATIONS

10.3 Appendix 3 – Approved Student Budget

Student Name: _____			Phone Number: _____		
Address While at School:			Permanent Home Address:		
College or University:			Program Start Date:		
Program:			Program End Date:		
Year: 2016	September	October	November	December	Total
Eligible Expenses:					
Tuition	\$	\$	\$	\$	\$
Grant Fund/Forigivable Loan	\$	\$	\$	\$	\$
Monthly Living Allowance	\$	\$	\$	\$	\$
Books and Supplies	\$	\$	\$	\$	\$
Daycare Special Circumstance	\$	\$	\$	\$	\$
Travel	\$	\$	\$	\$	\$
Special Condition Travel	\$	\$	\$	\$	\$
Emergency Fund	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$
Year: 2017	January	February	March	April	Total
Eligible Expenses:					
Tuition	\$	\$	\$	\$	\$
Grant Fund	\$	\$	\$	\$	\$
Living Allowance	\$	\$	\$	\$	\$
Books	\$	\$	\$	\$	\$
Daycare-Special Circumstances	\$	\$	\$	\$	\$
Travel	\$	\$	\$	\$	\$
Special Condition Travel	\$	\$	\$	\$	\$
Emergency Fund	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$
				Total	\$
				\$ -	+
				\$ -	\$ -
				\$ -	Minus 5%
				\$ -	\$
You will receive this amount the last Friday of every month.					
FOR OFFICE USE ONLY:					
Reviewed by:			Date:		
Approved by:			Date:		





10.4 Appendix 4 – Tuition Letter, Authorization and Waiver

Date: _____

To: <<Name of School and Location>>

Attention: Admissions, Registration and Finance Office and <<Student Name>>

Re: Tuition Letter and Authorization to Release Information

With this letter you are requested to invoice Champagne Aishihik First Nations Post-Secondary Education for fees as indicated for this student.

Send invoice to: Champagne and Aishihik First Nations, Post-Secondary Education
304 Jarvis Street, Whitehorse, YT Y1A 2H2

The student understands that this letter will lift the “Access to Information and Privacy Act” restrictions and that my sponsor, Champagne Aishihik First Nations, Post-Secondary Education may access my student records for information when there is a question regarding my attendance, registration, grades or information specifically relating to my education.

Program: _____
Eligible costs: Tuition fees, Student Union/Council Fees, Technology Fees NO REPEAT COURSES ARE PAID Maximum approved cost: <<\$>> per term for two terms, to a maximum of <<\$>> for the 2016/2017 academic year<< or other payment schedule as needed>>
Sponsored Dates: _____
Student Number: _____
Student must read, sign, and provide the School/College/University and Champagne and Aishihik First Nations with the tuition letter.
Student Name: _____ I have read and understand the contents of this letter.
Student Signature: _____

Post-Secondary Manager's Name: _____
Post-Secondary Manager's Signature: _____
Champagne and Aishihik First Nations' Post-Secondary Education Department is not responsible for forwarding copies to institutions for students.
Champagne and Aishihik First Nations is not responsible for invoices sent directly to the student without a copy being forwarded to Champagne and Aishihik First Nations' Post-Secondary Education Department. For further details, contact our office by Phone: (867) 456-6888 or by Fax: (867) 667-6202

