

MAILING ADDRESS

THIS IS YOUR ADDRESS IS WHILE YOU ARE IN SCHOOL		THIS IS YOUR PERMANENT ADDRESS WHEN YOU ARE NOT GOING TO SCHOOL	
POSTAL CODE		POSTAL CODE	
MARITAL STATUS <input type="checkbox"/> SINGLE, LIVING W/PARENTS <input type="checkbox"/> SINGLE-UNEMPLOYED? YES___ No___ <input type="checkbox"/> SINGLE-EMPLOYED? YES___ No___ <input type="checkbox"/> MARRIED W/ EMPLOYED SPOUSE <input type="checkbox"/> MARRIED W/ DEPENDENT SPOUSE <input type="checkbox"/> NUMBER OF DEPENDENTS		NAMES OF DEPENDANTS 1. 2. 3. 4.	AGE/S RELATIONSHIP TO YOU

EDUCATIONAL HISTORY

DATE ATTENDED	NAME OF INSTITUTION	PROGRAM	YEAR COMPLETED

Did you graduate from High School? _____ What year? _____

EMPLOYMENT HISTORY

NAME & ADDRESS OF EMPLOYER	DATES OF EMPLOYMENT (START DATE AND END DATE)	JOB TITLE	NAME OF SUPERVISOR & PHONE #

Have you applied for other sources of funding? _____, if so, from where?
Have you applied to YTG Yukon Grant? _____

"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 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 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 CAFN 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 CAFN 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 CAFN with a written evaluation of the training upon completion.**

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 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.

When the option to appeal is being exercised, the written appeal is to be forwarded to the CAFN Manager of Education, Employment & Training (Attention: APPEALS) Please ask for an APPEALS FORM.

Signature of Client

Date

Note: Applications must be completed in full. Failure to do so will delay application approval.

All applications are to be mailed or faxed or emailed to:

Post-Secondary Education, Champagne & Aishihik First Nation

Box 5310 Haines Junction, Yukon Y0B 1L0

Telephone (867) 634-4200 Ext. 254 Fax: (867) 634-2962.

If faxing or emailing, please follow up with a telephone call to confirm receipt. Applications for fall, winter and/or summer semesters must be submitted on an annual basis. Eligibility for Post-Secondary sponsorship is only open to Champagne Aishihik First Nation citizens.

FOR OFFICE USE ONLY:

Reviewed by:

Date:

Approved:

Date: