



SMITH'S LANDING FIRST NATION EDUCATION DEPARTMENT
APPLICATION FOR COURSE REIMBURSEMENT

OFFICE USE ONLY
Date Received – YY/MM/DD

YOU MUST SUBMIT AN APPLICATION FOR EVERY COURSE REIMBURSEMENT

Your application deadline is:	One year after studies are completed
OFFICIAL TRANSCRIPTS AND COPIES OF RECEIPTS MUST ACCOMPANY THIS APPLICATION TO BE CONSIDERED COMPLETE	

1 STUDENT INFORMATION

Last Name		First Name	
Middle Name(s)		Previous Last Name(s)	
Home Address		City/Town	Prov/Terr
Address at School (if different than above)		City/Town	Postal Code
Home Phone	Work/Cell Phone	Email Address	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth YYYY/MM/DD	Social Insurance Number	Treaty Number 477 -
Current Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <small>(living together for 12 continuous months)</small>		Dependents <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, how many?
Do you have any outstanding debts with Smith's Landing First Nation?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what is the debt for?		What is the outstanding amount?	
Is this the first time that you are applying for Smith's Landing First Nation Education Funding?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you provide official transcripts and copies of receipts with this application?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Please ensure you provide all requested information and documentation

Should you have questions or need assistance completing this application, please contact Smith's Landing First Nation:
Phone: (867) 872-4950
Fax: (867) 872-5154

Return By Mail To:
 Smith's Landing First Nation
 Box 1470, Fort Smith, NT X0E 0P0
Email:
 education@slfn196.com

Office use only:

SLFNED Student ID: _____ Application No: _____ Forecast No: _____ Approval No: _____

2 COURSE(S) YOU HAVE SUCCESSFULLY COMPLETED

List the courses that you have successfully completed

Institution		Training/Certification	Location
Start Date YYYY/MM/DD	End Date YYYY/MM/DD	Course Duration	Will Obtain <input type="checkbox"/> License <input type="checkbox"/> Certificate
Institution		Training/Certification	Location
Start Date YYYY/MM/DD	End Date YYYY/MM/DD	Course Duration	Will Obtain <input type="checkbox"/> License <input type="checkbox"/> Certificate
Institution		Training/Certification	Location
Start Date YYYY/MM/DD	End Date YYYY/MM/DD	Course Duration	Will Obtain <input type="checkbox"/> License <input type="checkbox"/> Certificate
Institution		Training/Certification	Location
Start Date YYYY/MM/DD	End Date YYYY/MM/DD	Course Duration	Will Obtain <input type="checkbox"/> License <input type="checkbox"/> Certificate

Is this course a requirement for job-related purposes?

Yes No

3 OTHER FUNDING

To be eligible for funding, you MUST also apply to at least ONE (1) of the following agencies:

Please provide a copy of your letter of approval/denial.

NWT Student Financial Assistance

Have you been approved? Yes No Awaiting response

Freehorse Family Wellness Society

Have you been approved? Yes No Awaiting response

Aboriginal Skills and Employment Training Strategy (Akaitcho Territory Government – ASETS Holder)

Have you been approved? Yes No Awaiting response

Other: _____

Have you been approved? Yes No Awaiting response

4 PROGRAM INTEREST

Please write a short paragraph about why you want to participate in the selected program/course and how you feel it will assist in your overall career plan. Attach another sheet, if necessary. This can be considered your Letter of Interest.

Print your name: _____

5 APPLICANT DECLARATION AND CONSENT (Must be signed and witnessed)

This information is being collected to determine my initial and continued eligibility for Smith’s Landing First Nation Education Department (SLFNED) Funding and for the general administration and enforcement of this department. All applicants have the right to examine and request correction of his or her records and request a review by Smith’s Landing First Nation Education Department. If you have any questions about the collection of information, contact Smith’s Landing First Nation at (867) 872-4950.

Part A – Applicant (Mandatory)

1. I declare that:

- a. The information given on this SLFNED Application for Training/Certification Funding and in the documents in support of this application is true.
- b. I will immediately notify SLFN in writing if my, my spouse’s, or my dependant’s personal information changes.

2. I agree to:

- a. Follow the terms and conditions of any SLFNED Funding documents that I have signed, including the SLFNED Policies and Procedures.
- b. Use any SLFNED Funding awarded to me towards the cost of my education and return any SLFNED Funding that I am not entitled to.
- c. Provide information or documents to verify my initial and continued eligibility for SLFNED Funding within 20 days of the request.

3. I understand that:

- a. I may have to immediately return any SLFNED Funding received in prior, current or future years if there were/are changes to my personal information.
- b. If I make a false or misleading statement, I may be required to immediately repay all SLFNED Funding received and/or be denied future SLFNED Funding. I may also be subject to criminal prosecution.
- c. If I have an outstanding debt with SLFN, I may be denied SLFNED Funding.
- d. SLFNED will contact other agencies to verify the information I have provided as part of determining my initial and continued eligibility for SLFNED Funding and to detect fraud. These agencies may include, but are not limited to the following: federal, territorial or municipal governments including driver and vehicle licensing programs, Human Resource Skills Development including Record of Employment and Employment Insurance, Parental and Maternity Benefits, Health and Social Services, housing management bodies, financial institutions, airline and travel agencies, landlords, educational institutions, employers, and child care providers.

- 4. I consent to the release of:** personal information to SLFNED by those agencies listed in 3.d. above to verify any personal information provided to determine my initial and continued eligibility for SLFNED Funding. I understand that if I consent to the release of my personal information to third parties, that this consent is valid until I advise SLFNED in writing that I withdraw my consent.

X _____	YYYY/MM/DD Date	X _____	YYYY/MM/DD Date
Applicant’s Signature (Mandatory)		Witness’s Signature (Mandatory)	

Print your name: _____