SMITH'S LANDING FIRST NATION EDUCATION DEPARTMENT

APPLICATION FOR FULL/PART-TIME STUDIES FUNDING

OFFICE USE ONLY
Date Received – DD/MM/YYYY

YOU MUST SUBMIT AN APPLICATION EVERY YEAR		
Your academic year begins:	August/September	January
Your application deadline is:	July 15	November 15

1 STUDENT INFORMATION

Last Name		First Name		
Middle Name(s)		Previous Last Name(s)		
Home Address		City/Town	Prov/Terr	Postal Code
Address at School (if different than above)		City/Town	Prov/Terr	Postal Code
Home Phone	Work/Cell Phone	Email Address		
Gender ☐ Male ☐ Female	Date of Birth DD/MM/YYYY	Social Insurance Number	Treaty Number 477 -	
Current Living Status ☐ Single (Living w/ Parents) ☐ Single ☐ Married ☐ Common Law (Living together for 12 continuous months)		Dependents ☐ Yes ☐ No	If Yes, how many?	

Do you have any outstanding debts with Smith's Landing First Nation? ☐ Yes ☐ 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? ☐ Yes ☐ No

Next of Kin Address (Not your spouse/common law or children)

Last Name	First Name		
Relationship to you	Home Phone	Work/Cell Phone	
Mailing Address	Street Address		
Email Address	City/Town	Prov/Terr	Postal Code

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) 872-4002

Fax: (867) 872-5154

Address:
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 TYPE OF ASSISTANCE

Check off what you are applying for:

☐ Basic Living Allowance ☐ Incentive Top-up ☐ Travel ☐ Tuition and Fees ☐ Books

3 SPOUSE AND DEPENDANT INFORMATION

Provide the following information for your spouse/children (Please include copies of Health Care Cards for the people listed below)

Does your spouse live with you? ☐ Yes ☐ No		If yes, is your spouse employed? ☐ Yes ☐ No	
Name		Health Care Number	Social Insurance Number
Date of Birth DD/MM/YYYY	Gender ☐ Male ☐ Female	Relationship to you ☐ Spouse ☐ Son ☐ Daughter ☐ Other	
Living with me during school? ☐ Yes ☐ No		If yes, how many days each month?	
Name		Health Care Number	Social Insurance Number
Date of Birth DD/MM/YYYY	Gender ☐ Male ☐ Female	Relationship to you ☐ Spouse ☐ Son ☐ Daughter ☐ Other	
Living with me during school? ☐ Yes ☐ No		If yes, how many days each month?	
Name		Health Care Number	Social Insurance Number
Date of Birth DD/MM/YYYY	Gender ☐ Male ☐ Female	Relationship to you ☐ Spouse ☐ Son ☐ Daughter ☐ Other	
Living with me during school? ☐ Yes ☐ No		If yes, how many days each month?	
Name		Health Care Number	Social Insurance Number
Date of Birth DD/MM/YYYY	Gender ☐ Male ☐ Female	Relationship to you ☐ Spouse ☐ Son ☐ Daughter ☐ Other	
Living with me during school? ☐ Yes ☐ No		If yes, how many days each month?	

4 PREVIOUS INSTITUTIONS AND PROGRAMS

List the programs and institutions that you have previously been enrolled in (beginning with the most recent)

Institution		Program	Location
Start Date DD/MM/YYYY	End Date DD/MM/YYYY	Sponsored By	Successfully Obtained ☐ License ☐ Certificate ☐ Diploma ☐ Undergraduate ☐ Masters ☐ Doctorate
Institution		Program	Location
Start Date DD/MM/YYYY	End Date DD/MM/YYYY	Sponsored By	Successfully Obtained ☐ License ☐ Certificate ☐ Diploma ☐ Undergraduate ☐ Masters ☐ Doctorate
Institution		Program	Location
Start Date DD/MM/YYYY	End Date DD/MM/YYYY	Sponsored By	Successfully Obtained ☐ License ☐ Certificate ☐ Diploma ☐ Undergraduate ☐ Masters ☐ Doctorate

Print your name:

5 CURRENT INSTITUTIONS AND PROGRAMS

List the programs and institutions that you are applying to or have been accepted into (If you have already been accepted please include a copy of your acceptance letter with this application

Institution		Program	Location
Start Date DD/MM/YYYY	End Date DD/MM/YYYY	Program Duration	Will Obtain ☐ License ☐ Certificate ☐ Diploma ☐ Undergraduate ☐ Masters ☐ Doctorate
Institution		Program	Location
Start Date DD/MM/YYYY	End Date DD/MM/YYYY	Program Duration	Will Obtain ☐ License ☐ Certificate ☐ Diploma ☐ Undergraduate ☐ Masters ☐ Doctorate

6 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

7 EMPLOYMENT INSURANCE ELIGIBILITY

Are you currently in receipt of Employment Insurance benefits?	☐ Yes	☐ No
Have you received Employment Insurance benefits in the past 5 years?	☐ Yes	☐ No
How many weeks have you worked in the last 52 weeks?		

8 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.

Print your name: _____

9 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.

Student Name:		Spouse Name:	
SIN:	Date of Birth: DD/MM/YYYY	SIN:	Date of Birth: DD/MM/YYYY

Part A – Applicant (Mandatory)

1. **I declare that:**
   a. The information given on this SLFNED Application for Full-time Studies 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 _____ Applicant's Signature (Mandatory)	DD/MM/YYYY Date	X _____ Witness's Signature (Mandatory)	DD/MM/YYYY Date

Part B – Spouse (Mandatory)

5. **As the applicant's spouse,** I consent to the release of my personal information to SLFNED by the agencies in section 3.d. above, for the purposes of determining the applicant's eligibility for SLFNED Funding. I understand that I may withdraw this consent as outlined above.

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

Print your name: _____