



Selkirk First Nation

P.O. Box 40, Pelly Crossing, Yukon Territory Y0B 1P0
Phone: (867) 537-3331 Fax: (867) 537-3902



Post-Secondary Funding Assistance Application

**ALL APPLICANTS MUST PROVIDE THE FOLLOWING DOCUMENTATION
AND COMPLETE SECTIONS 1 THROUGH 9 TO DETERMINE ELIGIBILITY:**

- Original completed and signed Application Form
- Agreement to Repay Form
- Designated Representative Consent Form
- Authorized to Release Information Form
- Post-Secondary Student Data Form
- Banking Information Form
- Acceptance Letter from Institution/College/School
- Official Transcripts from last year of study
- SFN Enrollment J #
- Proof of Dependants (National Child Benefit) *if you are claiming dependant(s)*

PLEASE NOTE THAT INCOMPLETE APPLICATIONS WILL BE RETURNED.

Application Deadlines:

- JULY 15 Fall Semester (*Starting September*)
- NOVEMBER 15 Winter Semester (*Starting January*)
- MARCH 15 Spring/Summer Semester (*Starting May to August*)

ALL FAXED APPLICATIONS SHOULD BE FOLLOWED UP BY A PHONE CALL TO CONFIRM RECEIPT, AND ORIGINAL MAILED. APPLICATIONS WILL BE BASED UPON CONTINUATION, TRANSCRIPTS, AND RECEIPT DATE.

SECTION 1 – PERSONAL INFORMATION

Given Names _____ Surname Name _____

Date of Birth: ____ / ____ / ____ SIN # _____

SFN Enrollment J # _____

- Marital Status:
- Single
 - Single Parent
 - Other

Permanent Mailing Address

Street Address or PO Box _____

City _____ Territory/Province _____

Postal Code _____ Telephone _____ Email Address _____

Address While At School

Street Address or PO Box _____

City _____ Territory/Province _____

Postal Code _____ Telephone _____ Email Address _____

SECTION 2 – DEPENDANT CHILDREN UNDER 18 YEARS OF AGE

If you do not have any dependant children, please proceed to section 3.

Name of Dependat(s)	DOB	Relationship to You?	Lives With You?	
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No

You must provide copies of your dependant(s) National Child Benefits
 Attached Previously Submitted N/A

SECTION 3 – EDUCATION / FUNDING HISTORY

Are you a *continuing* Post-Secondary Student? Yes No

Have you received funding from Selkirk First Nation of before? Yes No

If you have received funding from Selkirk before, please give the following information:

Year(s) Funded	Institute/College/School	Date(s) and Term(s) of Study	Program/Course	Completed Yes or No
		From: To:		
		From: To:		
		From: To:		
		From: To:		
		From: To:		

SECTION 4 – INSTITUTION AND PROGRAM YOU ARE APPLYING FOR

Name of Institution/College/Trade School

Mailing Address

Phone

Fax

Name of Program or Course: _____

Type of Program

- Upgrading / College Preparation
- Certificate (normally 1 year)
- Distance Education
- Bachelor
- Master
- Doctorate
- Diploma (normally 2 years)
- Online

List Courses that you are taking:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

SECTION 5 – DURATION OF SPONSORSHIP

How many years is your program or course? _____

Which year of the program or course are you entering? _____ (1st year, 2, 3, 4 year program)

Select the term(s) of sponsorship coverage:

Spring/Summer Session 20_____

Term 1 (May-June)

Term 2 (July-Aug)

Fall/Winter Session 20_____

Term 1 (Sept-Dec)

Term 2 (Jan-Apr)

Other 20_____

More than one year. Please specify start and end dates: _____ to _____
(M/Y) (M/Y)

Full-time

Part-time

Semester Start Date: _____

Semester End Date: _____

SECTION 6 – SCHOLARSHIP/GRANT FOUNDATION INFORMATION

Student must show evidence that they have applied for grants or scholarships by providing a copy of denial or approval letters. Failure to do so may result in the student's application being denied.

Are you receiving funding from any other source? Yes No

Please include a copy of all Scholarships, Grants, or foundation applications that have been submitted.

Name of Funding Sources: _____ Contact Number: _____

SECTION 7 – 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. I understand that if I have 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 funding. I hereby give permission to the Selkirk First Nation Education Department 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.

Signature: _____ Date: _____

SECTION 8 – REQUIRED DOCUMENTS

All listed information must be original, completed, signed and provided to determine eligibility:

- 1) Application Form Attached Previously Submitted
- 2) Agreement to Repay Form Attached Previously Submitted
- 3) Designated Representative Consent Form Attached Previously Submitted
- 4) Authorized to Release Information Form Attached Previously Submitted
- 5) Post-Secondary Student Date Form Attached Previously Submitted
- 6) Acceptance Letter from institution/college Attached Previously Submitted
- 7) Transcripts (last year of study) Attached Previously Submitted
- 8) SFN Enrollment J # Attached Previously Submitted N/A
- 9) Proof of Dependents (Copy of NCB) Attached Previously Submitted N/A

PLEASE NOTE THAT INCOMPLETE APPLICATIONS WILL BE RETURNED TO YOU.

SECTION 9 – FOR OFFICE USE ONLY

Approved

Declined

Signature of Post-Secondary Officer

Date

Signature of Education Committee Member

Date

Notes:

