



# Financial Assistance for Nunavut Students APPLICATION TO CONTINUE STUDENT FINANCIAL ASSISTANCE

## ! IMPORTANT

This form should be completed ONLY if you are CURRENTLY BEING SPONSORED BY FANS and are applying for CONTINUATION of sponsorship for the next academic year.

**NOTE: FANS MUST HAVE A COPY OF YOUR TRANSCRIPT for the academic year that you just completed before you can receive FANS benefits for the upcoming school year.**

### A - PERSONAL INFORMATION

All sections are mandatory - Place a dash or line through boxes that do not apply to you.

|   |   |                                      |  |  |  |   |  |  |  |  |  |
|---|---|--------------------------------------|--|--|--|---|--|--|--|--|--|
| Last Name   |   | First Name                           |  |  |  |   |  |  |  |  |  |
| Middle Name(s)  |   | Previous Last Name(s)                |  |  |  |   |  |  |  |  |  |
| Permanent Address (your T4A for income tax will be sent to this address)  |   |                                      |  |  |  |   |  |  |  |  |  |
| Current Mailing Address   |   |                                      |  |  |  |   |  |  |  |  |  |
| Community   |   | Territory/Province                   | Postal Code  |  |  |   |  |  |  |  |  |
| Telephone (Home)<br>(     )   |   | Email Address (Please print clearly) |  |  |  |   |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table> Social Insurance Number  |   |                                      |  |  |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table> Health Card Number |  |  |  |  |  |
|   |   |                                      |  |  |  |   |  |  |  |  |  |
|   |   |                                      |  |  |  |   |  |  |  |  |  |
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|   |   |                                      |  |  |  |   |  |  |  |  |  |
| Gender<br><input type="checkbox"/> Female<br><input type="checkbox"/> Male  | Citizenship<br><input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident<br><input type="checkbox"/> Other (Explain): _____ |                                      | Current Marital Status<br><input type="checkbox"/> Single <input type="checkbox"/> Married<br><input type="checkbox"/> Common Law (Living together for 12 continuous months) |  |  |   |  |  |  |  |  |
| Have you ever claimed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No    If "Yes", give date of Absolute Discharge (YY-MM-DD) <table border="1" style="width: 100px; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>   |   |                                      |  |  |  |   |  |  |  |  |  |
|   |   |                                      |  |  |  |   |  |  |  |  |  |
| Do you presently have an outstanding Canada Student Loan and/or Provincial or Territorial Student Loan from any other Province or Territory?<br><input type="checkbox"/> Yes <input type="checkbox"/> No    If "Yes", from where? _____ Outstanding amount? _____   |   |                                      |  |  |  |   |  |  |  |  |  |
| <b>Are you a Nunavut Land Claims Beneficiary?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, please provide your NTI Beneficiary Enrollment Card number: _____   |   |                                      |  |  |  |   |  |  |  |  |  |
| Have you previously applied for Financial Assistance for Nunavut Students? <input type="checkbox"/> Yes <input type="checkbox"/> No    If "Yes", when? _____<br>Preferred languages of communication: <input type="checkbox"/> Inuktitut <input type="checkbox"/> Inuinnaqtun <input type="checkbox"/> English <input type="checkbox"/> French<br>Are you receiving disability benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Are you or will you be receiving Employment Insurance benefits (EI)? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Are you or your spouse receiving Income Assistance payments? <input type="checkbox"/> Yes* <input type="checkbox"/> No*<br><b>*If you are receiving Income Assistance, you must inform your Income Support worker once you are approved for FANS</b><br>Will you be receiving salary or financial assistance from any other agency or organization while attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "Yes", from whom? _____ (Do not include scholarships) |   |                                      |  |  |  |   |  |  |  |  |  |

[fans@gov.nu.ca](mailto:fans@gov.nu.ca)

[www.gov.nu.ca](http://www.gov.nu.ca)

**Return to: FANS**  
Box 390, Arviat, Nunavut X0C 0E0

**For more information:**  
Phone FANS    Toll Free 1 877 860 0680  
Fax FANS      Toll Free 1 877 860 0167

## B - SPOUSAL AND DEPENDANT INFORMATION

FANS CANNOT GIVE BENEFITS FOR DEPENDANTS, SPOUSES OR COMMON-LAW SPOUSES WHO HAVE MISSING OR INCORRECT HEALTH CARE NUMBERS OR MISSING DATES OF BIRTH

Your spouse's or common law's name:

Your Spouse's email address:

Phone number if different from student:

Spouse's Date of Birth (YY-MM-DD)

Please check (✓) the correct box:  Married  Living as Common Law since (YY-MM-DD)

Spouse's Social Insurance Number

Spouse's Health Care Number

Will your spouse be working full time while you are at school?  Yes  No

Will your spouse be receiving Employment Insurance?  Yes  No

Will your spouse be receiving Training Allowance?  Yes  No

If both parents will be students only one parent can claim the children as dependants. Please indicate which parent will claim the children: \_\_\_\_\_

**Note:** You must immediately notify FANS if your spouse's employment situation changes

### DEPENDANT CHILDREN NAMES (Dependant children must be financially dependant upon you.)

|   | GIVEN NAME | LAST NAME | DATE OF BIRTH (YY:MM:DD) | RELATIONSHIP w ITH YOU | HEALTH CARD NUMBER | LIVING w ITH YOU w HILE AT SCHOOL?                       |
|---|------------|-----------|--------------------------|------------------------|--------------------|--|
| 1 |            |           |                          |                        |                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2 |            |           |                          |                        |                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3 |            |           |                          |                        |                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4 |            |           |                          |                        |                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5 |            |           |                          |                        |                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 |            |           |                          |                        |                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Note: Please use an additional sheet of paper if there is not enough room to list all your dependants

## C - PROGRAM DETAILS

Provide the following information regarding your course of study.

### Educational Institution

Name

Address

Community

Territory/Province

Postal Code

Program of Study

Your name: \_\_\_\_\_

All sections are mandatory - Place a dash or line through boxes that do not apply to you.

Dates of study  
(please enter the start dates and end dates of the semester/ year for which you are applying for financial assistance. Use approximate dates, if necessary)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

(√) one of the box:  
 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup> of a \_\_\_\_\_ year program

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

Expected Program Completion Date (YY-MM-DD)

When you complete your program, you will receive a: Please check (√) the appropriate box:  
 Certificate  Diploma  Bachelor's  Masters  Ph.D  Other: \_\_\_\_\_  
Please specify

Name of the degree, diploma or certificate you will obtain upon completion \_\_\_\_\_

Are you taking this Program of study through correspondence or online distance education?  Yes  No

## D - BANKING INFORMATION

Bank account must be in the applicants name. Either attach a voided cheque or have the bank fill out this information:

|                        |                 |
|------------------------|-----------------|
| Name of Bank           |                 |
| Branch Address         |                 |
| Institution #          | Bank Stamp Here |
| Transit Number         |                 |
| Account Number         |                 |
| Name of Account Holder |                 |

## RELEASE AGREEMENT AND DECLARATION

**THIS SECTION MUST BE SIGNED IN ORDER FOR YOUR APPLICATION TO BE PROCESSED**

**I have read and understand the Declaration and consent below and hereby consent to the following:**

- I authorize the Department of Family Services to request information regarding my academic progress including education costs and transcripts from the educational institution that I will be attending.
- I authorize the Department of Family Services to request information regarding my personal income, residency and health insurance from any Agency, Organization, or Department necessary to confirm information given on this application
- I understand that funds received from the Financial Assistance for Nunavut Students Program are considered taxable benefits by the CRA. I will receive a T4A each spring that will show the full amount of tuition, books, living allowance, travel costs and other fees provided to me or for me and my dependents. Income tax is not deducted from any payments I receive.
- I declare that all information in this application is correct to the best of my knowledge.
- I understand that false statements made in this application may result in termination of benefits, recovery of benefits paid a possible legal action.
- The bank account listed above is in my name, and I give permission to the Financial Assistance for Nunavut Students (FANS) office to deposit my ANS benefits into the account. I understand that any incorrect bank information can lead t significant delays in the payment of my ANS benefits. I will notify the ANS office of any changes to my bank information. understand that changes to my bank information may lead to payment delays.
- I will notify the FANS office **immediately** if there is any change in my status, the status of my spouse, or in the number of dependents I am supporting.

|  |            |
|--|------------|
| Student's signature _____                          | Date _____ |
| Spouse's signature _____                           | Date _____ |
| Guardian's signature, if student is under 18 _____ | Date _____ |

**Note:** Due to our privacy act FANS cannot release any information about your application to any other person other than the applicant.