

**Financial Assistance for Nunavut Students** 

## FANS EARLY OR LATE TRAVEL REQUEST FORM

## **!** IMPORTANT

This form must be filled in and submitted to the FANS office if:

- You need to travel from your home community to your school more than 2 weeks before your classes start at the beginning of the school year; OR
- You need to stay at your school more than 2 weeks after your classes end at the end of the school year.

Note: Early travel requests must be submitted at least 2 weeks in advance of your requested travel date. Late travel requests must be submitted before the end of your classes.

## Submit your completed form to: FANSTravel@gov.nu.ca

A - TRAVEL REQUEST DETAILS				
Last Name	First Name			
I am requesting approval for (please check one): Early travel from my home community to my school at the start of school year Late travel from my school to my home community at the end of school year				
Home Community	School Location			
School Start Date	School End Date			
Reason for Request				
Requested Travel Date(s) From: (yy-mm-dd)	To: (yy-mm-dd)			
Please read and sign the declaration below: I, (Student Name) of, (Home Community) Nunavut, understand that by (a) requesting early travel to college/university destination that I will not be receiving living expense payments from FANS until my FANS SEF or NAC EV (NAC students) is submitted, my classes have started, and that all the expenses to my early travel will be my responsibility, or (b) requesting late travel to my home community that I will not be receiving living expence payments from FANS and that all the expenses to my late travel will be my responsibility. With either early or late travel, if anything were to happen to me or my family, I understand FANS will not be held responsible.				
Print Name: Signature	Date: (yy-mm-dd)			
**AGREEMENT ONLY VALID IF SIGNED BY THE STUDENT** Please include any supporting documents for your request.				



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B - COMPLETED BY FANS OFFICE					
Any required supporting documents received? Ye		Yes	No		
Request:	Approved	Denied			
Reason for Decision					
FANS Manager				Date: (yy-mm-dd)	