





# Financial Assistance for Nunavut Students

## APPLICATION FOR FINANCIAL ASSISTANCE FOR NUNAVUT STUDENTS

### ! IMPORTANT

Please fill out this application COMPLETELY.

**Incomplete application forms can delay the processing of your application.**

Please print clearly and make sure the names used in this application match your government issued ID's.

### A - PERSONAL INFORMATION

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) (     )		Email Address									
<table border="1" style="width: 100%; text-align: center;"> <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%; text-align: center;"> <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					
<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table> Date of Birth (YY-MM-DD)											
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Citizenship <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other (Explain): _____	Current Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <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; text-align: center;"><tr><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? <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 If Yes, please provide your NTI Beneficiary Enrollment Card number: _____											
Have you previously applied for FANS? <input type="checkbox"/> Yes <input type="checkbox"/> No    If "Yes", when? _____ Preferred languages of communication: <input type="checkbox"/> Inuktitut <input type="checkbox"/> Inuinnaqtun <input type="checkbox"/> English <input type="checkbox"/> French Are you receiving disability benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you or your spouse receiving Income Assistance payments? <input type="checkbox"/> Yes* <input type="checkbox"/> No* <b>* If you are receiving Income Assistance, you must inform your Income Support worker once you are approved for FANS</b> 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 If "Yes", from whom? _____ (Do not include scholarships)											

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

## B - RESIDENCY

THIS INFORMATION SUBJECT TO AUDIT

Have you been a resident of Nunavut for the past 12 months?  Yes  No

If you lived outside of Nunavut but qualified as a resident, please explain:

## NUNAVUT SCHOOLING AND RESIDENCY

### NUNAVUT RESIDENCY

I DO SOMLEMNLY DECLARE THAT I AM AND HAVE BEEN A RESIDENT OF NUNAVUT IN THE SENSE OF EATING, SLEEPING, AND CARRYING ON MY NORMAL ACTIVITIES IN THE NUNAVUT TERRITORY SINCE \_\_\_\_\_ UNTIL THE DATE OF THIS APPLICATION. YYYY-MM-DD

**Note:** You will be deemed a resident if you were living outside of Nunavut for medical or schooling purposes as long as your parents remained residents of Nunavut and you are under the age of 18. If you are above the age of 18 and have not lived in Nunavut for 12 consecutive months you are not covered under your parents residency.

### EDUCATION

Please check (✓) one:  I have  I have not attended a Nunavut elementary/secondary school

**Note:** 1. Your years of schooling taken in the NWT prior to April 1, 1999 count toward your years of schooling in Nunavut.  
2. Your years of schooling taken in other provinces can count toward Nunavut schooling if your parents were Nunavut residents and you were financially dependant upon them and under their control while you were attending school.

#### PLEASE LIST ALL ELEMENTARY AND SECONDARY SCHOOLING

	NAME OF SCHOOL	LOCATION	FROM (YY:MM)	TO (YY:MM)	GRADE COMPLETED	PARENTS NUNAVUT/NWT RESIDENTS?
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

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

## NUNAVUT SCHOOLING SUMMARY

Please fill out the summary table to the right. Include only the years in which you attended school in Nunavut and/or the years in which you attended school outside of Nunavut while your parents were Nunavut residents if you were under the age of 18 at the time.

	NUMBER OF YEARS ATTENDED
Elementary School	
Secondary School	
TOTAL	

## C - 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: \_\_\_\_\_

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Your spouse's email address: \_\_\_\_\_

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

Phone number if different from student: \_\_\_\_\_

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 WITH YOU	HEALTH CARD NUMBER	LIVING WITH YOU WHILE AT SCHOOL?								
1			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											<input type="checkbox"/> Yes <input type="checkbox"/> No
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Note: Please use an additional sheet of paper if there is not enough room to list all your dependants

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

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

## D - ADDRESS WHILE AT SCHOOL

FANS may send you important information. Please inform FANS of any changes to your address.

Address			
Community		Postal Code	
Telephone (Home) (      )	Telephone (Work) (      )		
Telephone (Fax) (      )	Email		
<b>At times FANS e-mails information about additional scholarships and awards. You can e-mail FANS at fans@gov.nu.ca with your current e-mail address.</b>			

## E - PROGRAM DETAILS

Provide the following information regarding your course of study.

<b>Educational Institution</b> Name																		
Address																		
Community	Territory/Province	Postal Code																
Program of Study																		
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)																		
<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Start Date (YY-MM-DD)										<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> End Date (YY-MM-DD)								
(√) one of the box: <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> of a ____ year program		Expected Completion Date (YY-MM-DD) <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																
When you complete your program, you will receive a: Please check (√) the appropriate box: <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Bachelor's <input type="checkbox"/> Masters <input type="checkbox"/> Ph.D <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No																		

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

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

## F - 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:

1. 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.
2. I authorize the Department of Family Services to request information regarding my personal income from any Agency, Organization, or Department necessary to confirm information given on this application.
3. I authorize the Department of Family Services to request information regarding my residency and health insurance from any Agency, Organization, or Department necessary to confirm information given on this application.
4. I understand that funds received from the Financial Assistance for Nunavut Students (FANS) 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.
5. I declare that all information in this application is correct to the best of my knowledge.
6. I understand that false statements made in this application may result in termination of benefits, recovery of benefits paid and possible legal action.
7. The bank account listed above is in my name, and I give permission to the FANS office to deposit my benefits into the account. I understand that any incorrect bank information can lead to significant delays in the payment of my FANS Benefits. I will notify the FANS office of any changes to my bank information. I understand that changes to my bank information may lead to payment delays.
8. 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 (YYYY-MM-DD)

\_\_\_\_\_

Spouse's signature

\_\_\_\_\_

Date (YYYY-MM-DD)

\_\_\_\_\_

Guardian's signature, if student is under 18

\_\_\_\_\_

Date (YYYY-MM-DD)

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

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