





Financial Assistance for Nunavut Students  
**APPLICATION FOR CORRESPONDANCE/  
 ONLINE DISTANCE EDUCATION  
 COURSE REIMBURSEMENT**

**! IMPORTANT**

THIS FORM SHOULD BE COMPLETED ONLY IF YOU ARE CURRENTLY APPLYING FOR CORRESPONDENCE REIMBURSEMENT FOR COURSES YOU HAVE ALREADY COMPLETED.

**NOTE: FANS MUST HAVE A COPY OF YOUR TRANSCRIPT FOR THE COURSES THAT YOU JUST COMPLETED BEFORE YOU CAN RECEIVE REIMBURSEMENT.**

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

**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 (Please print clearly)									
<table border="1" style="width: 100%; height: 20px;"> <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%; height: 20px;"> <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%; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></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; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></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? _____											
Are you a Nunavut Land Claims Beneficiary? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please provide your NTI Beneficiary Enrollment Card number: _____											
Preferred languages of communication: <input type="checkbox"/> Inuktitut <input type="checkbox"/> Inuinnaqtun <input type="checkbox"/> English <input type="checkbox"/> French											

[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

FAMS1004EN-2015/09

## B - PROGRAM DETAILS

Provide the following information regarding your course of study.

### Educational Institution

Name

Address

Community

Territory/Province

Postal Code

Program of Study

Dates of study

(please enter the start dates and end dates of the course(s) you have taken.)

--	--	--	--	--	--	--	--

Start Date (YY-MM-DD)

--	--	--	--	--	--	--	--

End Date (YY-MM-DD)

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

## C - 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

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



# APPLICATION AND STATUTORY DECLARATION

## CORRESPONDANCE/ONLINE DISTANCE EDUCATION COURSE REIMBURSEMENT

CANADA  
NUNAVUT TERRITORY  
TO WIT:



IN THE MATTER OF CLAIMING FOR  
REIMBURSEMENT FROM FINANCIAL  
ASSISTANCE FOR NUNAVUT STUDENTS  
FOR CORRESPONDENCE COURSES

I, \_\_\_\_\_  
PLEASE PRINT YOUR FULL NAME

of \_\_\_\_\_  
PLEASE PRINT YOUR FULL ADDRESS

in the Nunavut Territory

--	--	--	--	--	--	--	--	--	--

Social Insurance Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Nunavut Health Care Number

DO SOLEMNLY 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 DECLARATION AND THAT **I AM NOT ELIGIBLE FOR REIMBURSEMENT FROM ANY OTHER SOURCE FOR ANY OF THE CORRESPONDENCE/DISTANCE EDUCATION EXPENSES I AM CLAIMING FOR REIMBURSEMENT.**

And, I make this solemn Declaration conscientiously believing it to be true, and knowing it is of the same force and effect as if made under oath, and by virtue of the **CANADA EVIDENCE ACT.**

DECLARED BEFORE ME  
AT \_\_\_\_\_  
IN THE Nunavut Territory,

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
A Commissioner for Oaths, Notary Public,  
Justice of the Peace for the Nunavut Territory.  
My Commission Expires \_\_\_\_\_ 20 \_\_\_\_\_



\_\_\_\_\_  
DECLARANT  
\_\_\_\_\_  
Date of Birth

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

