



# 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

Last Name		First Name	
Middle Names(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
Phone		Email Address	
Social Insurance Number		Health Card Number	Date of Birth (YY-MM-DD)
Gender <input type="checkbox"/> Female <input type="checkbox"/> Other <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) _____			
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 language 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 - 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:

Phone

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

Please check (✓) the correct box:     Married     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 TO YOU	HEALTH CARD NUMBER	LIVING WITH YOU WHILE 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
7						<input type="checkbox"/> Yes <input type="checkbox"/> No
8						<input type="checkbox"/> Yes <input type="checkbox"/> No
9						<input type="checkbox"/> Yes <input type="checkbox"/> No
10						<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

**Your Name:** \_\_\_\_\_

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

## C - ADDRESS WHILE AT SCHOOL

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

Address			
Community		Postal Code	
Phone (Home)		Phone (Work)	
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>			

## D - PROGRAM DETAILS

Provide the following information regarding your course of study.

<b>Educational Institution Name</b>			
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)			
_____		_____	
Start Date (YY-MM-DD)		End Date (YY-MM-DD)	
Please check (✓) the correct box: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th of a _____ year program		Expected Completion Date (YY-MM-DD)	
Please check ( ) the correct 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			

Your Name: \_\_\_\_\_

## E - 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 Number

Bank Stamp Here

Transit Number

Account Number

Name of Account Holder

## F - CONSENT FOR THE RELEASE OF INFORMATION

### ! IMPORTANT

Use this section if you wish to have a parent or someone else access your FANS information on your behalf during the current school year. A separate form must be submitted for each person you want to have access to your FANS information. The consent provided by this form expires on June 30th. A new form must be completed and submitted each year.

### STUDENT INFORMATION

Last Name

Given Names

Phone

Email Address

### RELEASE INFORMATION TO

Last Name

Given Names

Relationship to Student

Email Address

### INFORMATION TO BE RELEASED

Please indicate the type of information you want FANS to release to this person during this academic year:

All or  Some (Please Explain):

### DECLARATION OF CONSENT

I hereby consent to the release of information from my FANS file referred to above by the Department of Family Services. No other person(s) will be given this information without my further written consent and this information will be used only as stated above. I understand that I can withdraw this consent at any time by notifying the FANS office.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date (YYYY-MM-DD)

This information is being collected under the authority of the Access to Information and Protection of Privacy (ATIPP) Act, Section 40 and the Student Financial Assistance Act and Regulations. The information will be used to determine your initial and continued eligibility for FANS and for the general administration and enforcement of this program. The Privacy provisions of the ATIPP Act protect your information, and all applicants have the right to examine and request correction of their records and to request a review by the Information and Privacy Commissioner. If you have any questions about the collection of your personal information, contact the FANS Manager, Box 390 Arviat, Nunavut X0C 0E0, FANS@gov.nu.ca or call 1-877-860-0680.

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

## 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 Education 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 Education 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 Education 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.