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 Department of Education  
 Ilinniaqtuliqiyitkut  
 Ministère de l'Éducation

## FANS APPLICATION COVER PAGE

### ! IMPORTANT

If you want to take a trades or an apprenticeship program, or take training or upgrading to help increase your chances of finding employment, you need to apply for funding through the Adult Training and Learning Supports (ALTS) program, rather than the FANS program. If you're not sure about what type of funding you should apply for, reach out to a career development officer in your community or a FANS officer, before filling out an application.

### WHAT IS FANS?

Financial Assistance for Nunavut Students (FANS) is Nunavut's student financial assistance program. FANS provides financial support to help students with the cost of post-secondary education. FANS provides students with funding to further their education so they can pursue the career of their choice. To learn more about FANS eligibility and benefits, please refer to the FANS Student Handbook by visiting the FANS website at <https://gov.nu.ca/education/fans>

### WHAT ARE THE FANS DEADLINES?

- You must apply for FANS once per academic year.
- Late applications will be accepted up to 30 days after the deadline but will not be processed until review of all on-time applications is completed.

DEADLINE		FOR
Fall deadline	July 15	Program starting between August 15 and October 1
Winter deadline	November 15	Program starting anytime in January
Spring/Summer deadline	March 1	Program starting between April 15 and May 31
All other	6 weeks before program start date	Program not starting in above timeframes



## FANS APPLICATION COVER PAGE

### WHAT DO YOU NEED TO INCLUDE WITH YOUR FANS APPLICATION?

Submit the following documents with your application. If you do not have them yet, submit them as soon as possible.

- Transcript from your previous year of study
- Proof of acceptance to your program:
  - If you are going into your first year of the program, this will be an Acceptance Letter from your college or university; or
  - If you are going into a subsequent year of study in your program, this will be confirmation from your school that you are continuing in your program.

FANS office can start processing your application without these documents but cannot complete processing your application until they are received.

### IMPORTANT DEFINITIONS THAT WILL HELP YOU WITH YOUR APPLICATION FORM:

**Dependant:** Children 18 years of age or younger who are in your care and are financially dependent upon you. Students 19 years of age or older may also be considered dependants if they are attending high school or declared financially dependent on you.

**Spouse:** a person to whom you are married to or with whom you have continuously lived with as a family unit for a period of at least one year before the date of acceptance for registration.

**Resident:** You must be a resident of Nunavut for 12 months before the date of acceptance for registration. See the FANS Summary Policy Manual on the FANS website for more information.

**Full Time Student:** Your school will determine the percentage of course load you are taking. To qualify for FANS full-time benefits you must maintain at least 60% of a full course load or 40% if you are a student with a permanent disability.

**Part Time Student:** To qualify for FANS part-time benefits you must be taking at least one course a semester in your program but not taking more than 60% of a full course load or 40% (for students with permanent disabilities).



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## FANS APPLICATION COVER PAGE

### WHERE TO SEND YOUR FANS APPLICATION?

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

(for Nunavut Inuit enrolled under Nunavut Agreement)

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

(for students not enrolled under the Nunavut Agreement)

### ! IMPORTANT

Things to remember

- Apply as soon as you decide you will be going to school, even if you have not yet received acceptance to a postsecondary program
- Fill in your application completely – missing information will cause delays
- Sign and date the Release Agreement and Declaration in the FANS application form
- All applications are subject to audit and verification
- NOTIFY FANS if there are any changes in your family, financial or school situation
- ANY false statements made on your application may result in termination of benefits, repayment of benefits paid and possible legal action
- You must have an active bank account to receive money from FANS. If you don't have a bank account, get one right away. Contact the FANS office if you need help.
- If you are receiving income assistance, you must notify your income support worker once you are approved for FANS.

Request help with your application OR to submit your FANS Application to:

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

(for Nunavut Inuit enrolled under Nunavut Agreement)

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

(for students not enrolled under the Nunavut Agreement)



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## Financial Assistance for Nunavut Students

# FANS APPLICATION FORM

### ! IMPORTANT

Please fill out this application **completely**. All sections in the application are mandatory. Incomplete application forms will delay the processing of your application. This form can be filled in electronically. If you complete it by hand, please print clearly. Make sure the names used in this application match your government issued ID's.

Submit your completed application to:

[FANS@gov.nu.ca](mailto:FANS@gov.nu.ca) (for Nunavut Inuit enrolled under Nunavut Agreement)

[FANSLoans@gov.nu.ca](mailto:FANSLoans@gov.nu.ca) (for students not enrolled under the Nunavut Agreement)

A - PERSONAL INFORMATION			
Last Name		First Name	
Middle Name		Previous Last Name(s)	
Permanent Nunavut Address (Your T4A for Income Tax will be sent to this Address)			
Address while at school			
Community	Territory/Province		Postal Code
Phone		Email Address	
Social Insurance Number	Health Card Number		Date of Birth (yy-mm-dd)
Gender Female Other Male	Citizenship Canadian Citizen Permanent Resident Other (Explain):	Current Marital Status Single Married Common Law (Living together for 12 continuous months)	
Have you ever claimed bankruptcy? Yes      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?			
Yes	No	If "Yes", from where?	Outstanding amount?
Are you a Nunavut Inuk enrolled under the Nunavut Agreement?      Yes      No			
If "Yes", please provide your NTI Enrolment Card number: _____			
Have you previously applied for FANS?	Yes	No	If "Yes", when? _____
Preferred language of communication:      Inuktitut      Inuinnaqtun      English      French			
Do you have a permanent disability and plan to apply for the FANS disability grant?      Yes      No			
Are you or your spouse receiving Income Assistance payments?			
Yes	No (If you are receiving Income Assistance, you must inform your Income Support worker once you are approved for FANS)		
Will you be receiving salary or financial assistance from any other agency or organization while attending school?			
Yes	No	If "Yes", from whom? _____ (Do not include scholarships)	

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

Last Revised: February 2024



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# Financial Assistance for Nunavut Students

## FANS APPLICATION FORM

### B - RESIDENCY

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 RESIDENCY

**I 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 (yy-mm-dd)      until the date of this Application.**

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 dependent upon them and under their control while you were attending school.

	Name of School	Location	From (yy-mm-dd)	To (yy-mm-dd)	Grade Completed	Parents Nunavut/NWT Residents?	
1						Yes	No
2						Yes	No
3						Yes	No
4						Yes	No
5						Yes	No
6						Yes	No

### 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.		Numbers of Years Attended
	Elementary School	
	Secondary School	
	TOTAL	

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



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## Financial Assistance for Nunavut Students

# FANS APPLICATION FORM

### C – SPOUSAL AND DEPENDENT 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.

If you do not have a spouse, common-law or dependant(s), check the following box and move to Section D.

Your spouse's or common law's name

Your spouse's Email Address

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 yes, from where?

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.

	Given Name	Last Name	Date of Birth (yy-mm-dd)	Relationship to you	Health Card Number	Living with you while at school?	
1						Yes	No
2						Yes	No
3						Yes	No
4						Yes	No
5						Yes	No
6						Yes	No
7						Yes	No
8						Yes	No
9						Yes	No
10						Yes	No
11						Yes	No
12						Yes	No
13						Yes	No
14						Yes	No
15						Yes	No

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

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



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## Financial Assistance for Nunavut Students

# FANS APPLICATION FORM

### D – PROGRAM DETAILS

**Provide the following information regarding your course of study. If you have not yet been accepted, provide the details for the program you applied to.**

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 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:	1st    2nd    3rd    4th    5th    of a    year program
Please check the correct box:	Certificate    Diploma    Bachelor's    Masters    PhD
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
Will you be a full-time or part-time student?	Part-Time    Full-Time

### E – BANKING INFORMATION

**Bank account must be in the applicant's 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	

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



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# FANS APPLICATION FORM

## 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 expires at the end of the academic year. A new consent form must be completed and submitted every academic year.

Due to the Access to Information and Protection of Privacy Act FANS cannot release any information about your application to any other person other than the applicant, unless you complete Section F for the individual(s) you want to have access to your FANS information, or unless the applicant is a minor, in which case the parent/guardian will have access to the information.

#### 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 Education. 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 (yy-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 office.

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





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## Financial Assistance for Nunavut Students

# FANS APPLICATION FORM

### G – 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:**

<b>1</b>	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.
<b>2</b>	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
<b>3</b>	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.
<b>4</b>	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 expenses, travel costs and other fees provided to me or for me and my dependents. Income tax is not deducted from any payments I receive.
<b>5</b>	I declare that all information in this application is correct to the best of my knowledge.
<b>6</b>	I understand that false statements made in this application may result in termination of benefits, recovery of benefits paid and possible legal action.
<b>7</b>	The bank account listed above is in my name and is correct, 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.
<b>8</b>	I will notify the FANS office immediately if there is any change throughout the academic year in my status, the status of my spouse, or in the number of dependents I am supporting. I understand that failure to do this may result in termination of benefits, recovery of benefits paid, and possible legal action.
Student's Signature	
Date (yy-mm-dd)	
Spouse's Signature	
Date (yy-mm-dd)	
Guardian's Signature, if student is under 18	
Date (yy-mm-dd)	

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