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 Department of Education  
 Ilinniaqtuliqiyitkut  
 Ministère de l'Éducation

## Financial Assistance for Nunavut Students

### APPLICATION FOR NON-NUNAVUT RESIDENTS SEEKING CONFIRMATION OF INELIGIBILITY OF SPONSORSHIP

#### ! IMPORTANT

This form should be completed **only** if you are not a Nunavut Resident and are seeking confirmation of ineligibility of sponsorship.

Submit your completed form 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(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 Female Male Other	Citizenship Canadian Citizen Permanent Resident Other (Explain):	Preferred language of communication: Inuktitut English Inuinnaqtun French	
Have you been a resident of Nunavut for the past 12 months?		Yes	No
Are you a Nunavut Land Claims Beneficiary?		Yes	No
If "Yes", please provide your NTI Beneficiary Enrollment Card number:			

#### AGREEMENT AND DECLARATION

This section must be signed in order for your application to be processed.

I have read and understand the Declaration below and hereby consent to the following:

- I declare that all information in this application is correct to the best of my knowledge.
- I understand that false statements made in this application may result in possible legal action.

Student's Signature

Date (yy-mm-dd)

Guardian's Signature, if student is under 18

Date (yy-mm-dd)