

VUNTUT GWITCHIN GOVERNMENT

Government of Vuntut Gwitchin First Nation

EDUCATION COMMITTEE



P.O. Box 94,
Old Crow, Yukon

Y0B 1N0

Phone: (867)966-3261

Fax: (867)966-3800

Email: eto@vgfn.net

Web: www.vgfn.ca

Vuntut Gwitchin Education Criteria Checklist

- Are you a beneficiary of the Vuntut Gwitchin First Nation?

- Letter of acceptance or proof of registration from a recognized educational institution:
 - Attached (mailed applications only)
 - On it's way
 - By mail
 - By e-mail
 - By fax

- Have you requested Official Transcripts from your recent school of study?
(Official transcripts have to be sent from the institution not the student.)

- Direct deposit form from your bank:
 - Attached (mailed applications only)
 - On it's way
 - By mail
 - By e-mail
 - By fax

Please fill in application clearly and send to the above address.

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Personal Information

Last Name: _____ First Name: _____ Initial _____

Previous Last Name _____ Social Insurance Number _____

Status Number _____ Beneficiary Number _____

Permanent Mailing Address
(T4A will be sent here)

Mailing Address while attending School

Address

Address

Extra Address line

Extra Address line

City Prov/Terr/State

City Prov/Terr/State

Country Postal Code

Country Postal Code

Telephone

Telephone

Email Address

Gender: Male Female

Date of Birth: ____/____/____
Year Month Day

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Marital Status: Single Single Parent Married Common law
(Together 6 mths or more)

List your dependants: (4 or more list separately)

Name	Date of Birth	Relationship

Childcare (licensed facility, children under 5 yrs. Please attach documents) yes no

Will travel be required to attend your program? yes no

Proposed Studies

Name of Institution: _____ Student ID Number: _____

Name of Program: _____

Class start/finish dates: _____ - _____

How many years is your program? 1 year 2 year 3 year 4 year

Type of Program: Certificate Diploma Bachelors Masters

Which is the current year are you in?

Full time student Part time student

Are you taking this program for work/practicum term? Yes No

Work/Practicum dates _____ - _____

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Personal Budget Expense

	Term 1	Term 2	Amount
Accommodation			
Food			
Phone/Internet			
Cable			
Electrical			
Tuition			
Books/Supplies			
Transportation			
Travel			
Other (please list)			
TOTAL			

Revenue			
Vuntut Gwitchin Gov't			
Personal			
Grants			
TOTAL			

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Career Plan

Please use the space below to describe your career plan and how your proposed studies will help to attain your goals (250 – 500 words).

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I hereby declare that, to the best of my ability, all information provided is complete and true and that any misleading or fraudulent information will disqualify me from obtaining this and other scholarships or funding that is offered by the Vuntut Gwitchin or its affiliates and subsidiaries.

I agree that if I am suspended, released or do not return for any portion of my program, or if for any unjustified reason, I do not complete my full year; I will be required to reimburse the Vuntut Gwitchin Government the full amount of the scholarship/ financial support received.

I further understand that if I am suspended or do not return for any portion of my program, or if for any unjustified reason, I do not complete my full year, I may not be considered for further assistance from the Vuntut Gwitchin or its affiliates and subsidiaries (as per the Vuntut Gwitchin Post-Secondary Education and Trades Funding Policy Section L, Suspension or Termination of Financial Assistance).

Applicant Name (print): _____

Applicant Signature: _____

Witness Name (print): _____

Witness Signature: _____

Date: _____