

FINANCIAL ASSISTANCE APPLICATION FORM

TESLIN TLINGIT COUNCIL - WORKFORCE DEVELOPMENT

** FAILURE TO COMPLETE THIS FORM ACCURATELY WILL DELAY YOUR APPLICATION BEING REVIEWED*

PERSONAL INFORMATION

Last Name: _____ Given: _____ Initial: _____

TTC Citizen: Yes No Clan: _____

Status #: _____

Date of Birth: _____ SIN: _____

Mailing Address: _____

Phone #: _____ Cell #: _____

Email Address: _____

FINANCIAL INFORMATION

** Required if you want your funds directly deposited into your account

Name of Bank: _____

Bank Address: _____

Institution No.: _____ Transit No.: _____

Account No.: _____

EDUCATION / TRAINING DESCRIPTION

Letter of Acceptance attached? Yes No Student ID# _____

Course Name: _____

Training Institution: _____

Location: _____

Start Date: _____

End Date (school year): _____

Expected date of Graduation: _____

What year of studies are you applying for? 1st 2nd 3rd 4th 5th 6th 7th

What are your educational goals: _____

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HOUSEHOLD

Marital status: single living with parent(s)
 common-law (employed) common-law (dependent)
 married (employed) married (dependent) married (attending school)

Do you have dependent children? Yes No

If yes, please list your dependent children living with you:

Name	Age	Relationship

INCOME

Are you collecting funds from any other sources? Yes No

Are you in arrears or owe any money to TTC? Yes No

If you owe money to TTC, have you signed a Repayment Plan? Yes No

ASSISTANCE HISTORY

Have you received student assistance from TTC before? Yes No

If yes, how much did you receive? _____ When: _____

For what programs / courses: _____

Did you complete the program(s) / course(s)? Yes No

If not, what were the reasons for not completing? _____

If yes, did you receive any Certificates or Diplomas? Yes No

Please specify: _____

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It is mandatory that you apply to as many other sources as you possibly can to assist with your educational expenses. Please list below all other funding sources including bursaries and scholarships which you have applied to for sponsorship to this program and attach a copy of the letter for approved funds and rejection of funds (these much accompany your application):

If a job opportunity came available with TTC once you have completed your training, would you apply on the job? Yes No

If there were a summer employment / training opportunity in your field of study would you be interested in summer employment / training? Yes No

I declare that the information submitted in this Application is true, correct and complete to the best of my knowledge. I also declare that the financial assistance sought will be used for the educational purposes as set out in the signed sponsorship agreement. I understand that if I have given any false or misleading information, I could be charged with a criminal offense and will be liable for full repayment of any assistance received.

I hereby give permission to TTC Workforce Development Department to verify the information in this Application and approve access of my school records. I will notify the TTC WFD Department should there be any changes in my circumstances and I consent to TTC accessing information required to verify my income and any required information regarding my education at any time during the sponsored period.

Applicant Signature

Date

PLEASE PROVIDE THE ADDRESS AND CONTACT INFORMATION INCLUDING FAX NUMBER TO THE TRAINING INSTITUTION THAT YOU ARE ATTENDING.

Institution:

Bookstore:

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ASSISTANCE CALCULATION

A budget deficit method shall be used to calculate the assistance that may be provided. A deficit is determined by calculating the applicant's expenses and subtracting the applicant's financial resources. If the financial resources are less than the expenses, then a deficit exists. Assistance may be provided to the total of the deficit *provided that the expenses are within the limits allowed by this policy*. Only those costs identified on this form are allowed.

Please complete the following budget as accurately as possible. Please be specific when adding in other costs.

Expense Item	Monthly Expense	Total Cost	Staff Recommendation
Tuition and registration			
Books and supplies			
Other required course costs/fees. Please specify:			
Transportation			
Airfare (to / from)			
Rent (actual to maximum allowable)			
Food (\$175 / person / month)			
Utilities (actual to maximum allowable)			
Child Care (if applicable)			
TOTAL EXPENSES	\$	\$	

Description of Financial Resources	Total	Verified by Staff
YG or Provincial Grants & Student Assistance Canada Student Grants & Loans		
Bursaries & Scholarships (indicate sources)		
Child Care Subsidy (Territorial / Provincial)		
Common-Law / Spousal Support / Maintenance		
If your spouse/partner's is receiving a student allowance and lives in the same household please indicate the amount of assistance they are receiving		
Personal contributions (savings, part-time/summer employment)		
Rental Income		
Other Income		
Total Financial Resources	\$	

Minus Total Expense	\$	
Balance (deficit / surplus)	\$	

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Mail, fax or email your completed Application Form including your budget and Letter of Acceptance to:

Carlene Hycha
Community Skills Development Manager
Teslin Tlingit Council
Box 133
Teslin, Y.T. Y0A 1B0

(p) 867.390.2532 ext. 318
(f) 867.390.2176

carlene.hycha@ttc-teslin.com

The following is a list of supporting documents that need to accompany your application. Please ensure you submit these documents with this application or the application will be deferred until the next TETC meeting.

- 1. Documented proof of acceptance into a recognized post-secondary institution or a conditional letter of acceptance into a post-secondary accredited program of studies or other recognized program;**
- 2. A copy of the course outline including the costs of the program;**
- 3. A copy of your latest transcripts;**
- 4. A letter outlining your career goals and motivation for taking the program;**
- 5. The signed Consent Form (attached) for the transfer of student details between the training institution and TTC WFD staff.**

If this is your final year in school and you have applied for graduation you must notify the Community Skills Development Officer (above) at least 3 weeks in advance in order to receive TTC recognition.

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CONSENT FORM FOR THE TRANSFER OF STUDENT DETAILS BETWEEN TRAINING INSTITUTION & TESLIN TLINGIT COUNCIL

STUDENT INFORMATION:

Name: _____
Address: _____
Phone/cell # _____
SIN number: _____

COURSE INFORMATION:

Name of course: _____
Institution name: _____
Location: _____
Start date: _____ End Date: _____

I have been provided with a copy of the Post-Secondary/Training Policy from TTC and have read and understand the Policy. Yes No

I authorize the University/College and TTC to access or discuss any pertinent educational, training, or budgetary information related to this assistance. Yes No

I authorize the Student Services department and/or Admissions to communicate with TTC to discuss my attendance and progress reports from the University/College if needed. Yes No

I understand that my education or training assistance may be terminated (as per my funding agreement with TTC) for unsatisfactory performance, unexcused absences, withdrawal from courses and/or misuse of assistance. Yes No

I agree to notify TTC within 48hrs of withdrawing from a course. Yes No

This agreement becomes effective as a binding contact when the applicant and the representative from TTC have signed below.

Student Signature _____ Date

Signature of TTC Representative _____ Date