

# 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: \_\_\_\_\_

Postal Code: \_\_\_\_\_

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? 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>

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 will be reviewed at the November TETC meeting):

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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

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**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, registration, accommodations and any required information regarding my education at any time during the sponsored period.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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

Institution: \_\_\_\_\_

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Bookstore fax number to send a purchase order to cover book costs: \_\_\_\_\_

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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	N/A		
Books and supplies	N/A		
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)			
<b>TOTAL EXPENSES</b>	<b>\$</b>	<b>\$</b>	

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		
<b>Total Financial Resources</b>	<b>\$</b>	

<b>Minus Total Expense</b>	<b>\$</b>	
<b>Balance (deficit / surplus)</b>	<b>\$</b>	

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

**Marie Davies**  
**Community Skills Development Officer**  
**Teslin Tlingit Council**  
**Box 133**  
**Teslin, Y.T. Y0A 1B0**

**(p) 867.390.2532 ext. 318**  
**(f) 867.390.2176**

[marie.davies@ttc-teslin.com](mailto:marie.davies@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.**
- 6. The address, phone & fax numbers of the training institution so that a vendor code can be developed to pay for your tuition and book costs.**

**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

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### 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 registration and acceptance letter, 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 contract when the applicant and the representative from TTC have signed below.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of TTC Representative

\_\_\_\_\_  
Date