

# FINANCIAL ASSISTANCE APPLICATION FORM

TESLIN TLINGIT COUNCIL - WORKFORCE DEVELOPMENT

\*\* Please complete this form accurately, or it may result in a delay in your funding\*\*

## PERSONAL INFORMATION

Last Name: \_\_\_\_\_ Given: \_\_\_\_\_ Initial: \_\_\_\_\_

TTC Citizen: Yes  No  Clan: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ SIN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Cell #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

## BANKING INFORMATION

Required if you want your funds directly deposited into your account

ATTACH VOID CHEQUE OR DIRECT DEPOSIT FORM FROM YOUR BANKING INSTITUTION

## PROGRAM INFORMATION

Letter of Acceptance attached? Yes  No  Student ID# \_\_\_\_\_

Program/Course Name: \_\_\_\_\_ School Name: \_\_\_\_\_

Year of Study: 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>

Registered Course Name/Number (if known)	Dates

Start Date: \_\_\_\_\_ End Date (school year): \_\_\_\_\_

Anticipated date of Graduation: \_\_\_\_\_

## 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

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## ASSISTANCE HISTORY

Have you received student assistance from TTC before?    Yes     No

It is mandatory that you apply to as many other sources as you possibly can to assist with your educational expenses.

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

## BUDGET WORKSHEET

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

Expense Item	Monthly Expense	Total Cost	Eligible Amount
Tuition and Ancillary Fees	N/A		
Books and supplies <i>per Appendix A</i>	N/A		
Transportation (if U-Pass unavailable)			
Airfare to/from <i>(per Appendix A)</i>			
Monthly Living Allowance <i>(per Appendix A)</i>			
Other mandatory course costs/fees. Please list:			
<b>TOTAL EXPENSES</b>	<b>\$</b>	<b>\$</b>	

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## POST-SECONDARY FUNDING APPLICATION CHECKLIST

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.	Post-Secondary Funding Application Form fully completed	
2.	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	
3.	A copy of the course outline including the costs of the program	
4.	A copy of your latest official transcripts	
5.	A letter outlining your career goals and motivation for taking the program	
6.	The signed Consent Form (attached) for the transfer of student details between the training institution and TTC WFD staff	

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.

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

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

\_\_\_\_\_  
Date

Email, mail, or fax or your completed Application Form including your budget and Letter of Acceptance to:

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

(p) 867.390.2532 ext. 318  
(f) 867.390.2176

[Valerie.Tizya@ttc-teslin.com](mailto:Valerie.Tizya@ttc-teslin.com)

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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 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