



Kwanlin Dün First Nation  
 Education and Social Development  
 #35 McIntyre Drive  
 Whitehorse, YT Y1A 5A5  
 Phone: (867) 633-8422  
 Fax: (867) 633-7841

## POST-SECONDARY APPLICATION FORM

<b>SECTION A: HOUSEHOLD INFORMATION</b>		
<b>APPLICANT'S INFORMATION</b>		
First name	Last name	
Date of birth	Social Insurance Number (SIN #)	Status number
Address	City/Province/Territory	Postal Code
Phone number	Gender Identity (please circle) M      F      X	Marital status
Email address		
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married or Common-law (employed spouse) <input type="checkbox"/> Married or Common-law (dependent spouse) <input type="checkbox"/> Married or Common-law (both attending school)		
<b>SPOUSE'S INFORMATION</b> Please submit documentation for each dependent (i.e., marriage certificate, Notice of Assessment if spouse is listed as dependent)		
First name	Last name	
Date of birth	Phone number	Status number (if applicable)
<b>CHILD(REN)'S INFORMATION</b> Please submit documentation for each dependent (i.e., birth certificate, Notice of Assessment)		
First name	Last name	Date of birth
First name	Last name	Date of birth
First name	Last name	Date of birth
<b>SECTION B: EDUCATION INSTITUTION AND PROGRAM INFORMATION</b>		
<b>EDUCATIONAL INSTITUTION INFORMATION</b>		
Educational institution name		
Address	City/Province/Territory	Postal Code

<b>PROGRAM INFORMATION</b>	
Program name	Letter of acceptance received <input type="checkbox"/> Yes <input type="checkbox"/> No
Location of in person classes (City, Province or Territory)	Start date of program  MM/DD/YYYY
Program type (please check one): <input type="checkbox"/> University / College Prep <input type="checkbox"/> Diploma <input type="checkbox"/> Master's Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Bachelor (Undergraduate) Degree <input type="checkbox"/> Other _____	
Year of study you are entering for this program:      1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/>	
Which semester(s) is this application for? (Please check all those that apply and enter the year): <input type="checkbox"/> Spring 20 _____ (May - June) <input type="checkbox"/> Fall 20 _____ (Sept. - Dec.) <input type="checkbox"/> Summer 20 _____ (July - Aug.) <input type="checkbox"/> Winter 20 _____ (Jan. - April)	
This application is for (please check one): <input type="checkbox"/> Full-Time Studies <input type="checkbox"/> Part-Time Studies	Expected date of graduation  MM/DD/YYYY
<b>SECTION C: EDUCATION GOALS</b>	
<b>EDUCATION GOALS</b>	
Have you completed an Education Plan with the KDFN Pathways Coordinator? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please briefly describe what your academic and career goals are?	
<b>SECTION D: ASSISTANCE HISTORY</b>	
<b>HISTORY OF ASSISTANCE OBTAINED</b>	
How many of the eligible years of support have you received through KDFN Post-Secondary? 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>	
<b>SECTION E: FINANCIAL SUPPORT</b>	
<b>FINANCIAL SUPPORT</b>	
I would like to apply for the following financial support (please check all those that apply): <input type="checkbox"/> Application fee <input type="checkbox"/> Tuition and mandatory fees <input type="checkbox"/> Travel Allowance <input type="checkbox"/> Tuition deposit <input type="checkbox"/> Living Allowance <input type="checkbox"/> Book Allowance	
<b>SUBSIDIES, SCHOLARSHIPS, BONUS, GRANT, BURSARY, ETC.</b>	
Are you receiving any scholarships, bursaries, or other funding for your schooling? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: <input type="checkbox"/> Yukon Grant <input type="checkbox"/> Other _____	

I hereby apply for financial support through the Post-Secondary Program with Kwanlin Dün First Nation (KDFN) Department of Education and Social Development (the "Department"). I declare that the above information is true and accurate to the best of my knowledge. I understand that it is my responsibility to inform the Department should my circumstances stated above change.

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

\_\_\_\_\_  
Date

<b>OFFICE USE ONLY</b>	
Comments	Date Received  MM/DD/YYYY