



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

**Applications must be received no less than four weeks in advance of the program start date*

| SECTION A: HOUSEHOLD INFORMATION | | |
|--|--|-----------------------------|
| APPLICANT'S INFORMATION | | |
| First name | Last name | |
| Date of birth MM/DD/YYYY | Social Insurance Number (SIN #) | Status number |
| Address | City/Province/Territory | Postal Code |
| Phone number | Gender Identity (please circle) M F X | |
| 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) | | |
| CHILD(REN)'S INFORMATION Please submit documentation for each dependent (i.e., birth certificate, Notice of Assessment) | | |
| First name | Last name | Date of birth MM/DD/YYYY |
| First name | Last name | Date of birth MM/DD/YYYY |
| First name | Last name | Date of birth MM/DD/YYYY |
| SECTION B: EDUCATION INSTITUTION AND PROGRAM INFORMATION | | |
| EDUCATIONAL INSTITUTION INFORMATION | | |
| Educational institution name | | |
| Address | City/Province/Territory | Postal Code |

| PROGRAM INFORMATION | |
|--|---|
| Program name | |
| Start date of program MM/DD/YYYY | Location of in person classes (City, Province or Territory) |
| Letter of acceptance received <input type="checkbox"/> Yes <input type="checkbox"/> No | Student Number: |
| 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 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <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 |
| SECTION C: EDUCATION GOALS | |
| EDUCATION GOALS | |
| 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: | |
| SECTION D: ASSISTANCE HISTORY | |
| HISTORY OF ASSISTANCE OBTAINED | |
| 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"/> | |
| SECTION E: FINANCIAL SUPPORT | |
| FINANCIAL SUPPORT | |
| 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 | |
| SUBSIDIES, SCHOLORSHIPS, BONUS, GRANT, BURSARY, ETC. | |
| 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 | MM/DD/YYYY Date |
|------------------------|-----------------------------|
| OFFICE USE ONLY | |
| Comments | Date Received MM/DD/YYYY |