



# Post-Secondary Funding Application

## Checklist for the complete application package

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Only complete funding applications, submitted as **ONE COMPLETE PACKAGE**, will be processed. The following checklist itemizes the requirements for a complete application.

Please INITIAL each item below

- 1. Read the “Taku River Tlingit First Nation Post Secondary Education Program Policy” and understand the student responsibilities & sponsorship requirements \_\_\_\_\_
- 2. Completed Funding Application Form \_\_\_\_\_
- 3. Signed Academic Records Release Form \_\_\_\_\_
- 4. Copy of Status Card (*front & back*) \_\_\_\_\_
- 5. Prior school transcripts from Grade 12 (*or equivalent*) onward, including diplomas and certificates achieved (*Original documents only - photocopies are not acceptable*) \_\_\_\_\_  
*this item does not apply to continuing students who were sponsored last year by TRTFN*
- 6. Official letter of acceptance from a Public Post Secondary Institution \_\_\_\_\_  
continuing students supply a Confirmation of Enrollment
- 7. Submitted on or before the deadline: May 31<sup>st</sup> for Fall/Winter start \_\_\_\_\_

Please INITIAL each item above

Please complete and return entire application package to  
Taku River Tlingit First Nation, attention Education Department  
email: [education@gov.trtfn.com](mailto:education@gov.trtfn.com)



## Post-Secondary Application Form

Office Use Only	Assessment Req. <input type="checkbox"/> Yes <input type="checkbox"/> No
New student <input type="checkbox"/>	Returning Student <input type="checkbox"/> Graduate <input type="checkbox"/> Continuing <input type="checkbox"/>

**STUDENT INFORMATION**

Last Name:		Given Name:			
Status Card Number:		SIN:		Birth-date: (yyyy/mm/dd)	
Street Address:		City:		Province:	Postal Code:
E-mail Address:			Phone Number:		
Marital Status:    Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Single Parent <input type="checkbox"/>					

**SPOUSE and DEPENDENT INFORMATION**

Spouse's Last Name:		Given Names:			
<b>Dependents: Children under the age of 19, living with you full-time and of whom you have full legal custody:</b>					
Last Name:	Given Names:	Birthdate: (yy/mm/dd)	Relationship:		



**EDUCATION HISTORY**

Secondary School		Diploma Yes <input type="checkbox"/> No <input type="checkbox"/>	Year
GED/Level IV		Diploma Yes <input type="checkbox"/> No <input type="checkbox"/>	Year
Vocational/Trades	Program	Certificate Yes <input type="checkbox"/> No <input type="checkbox"/>	Years Completed
College/University	Program	Diploma Yes <input type="checkbox"/> No <input type="checkbox"/>	Years Completed
Other	Program	Diploma/ Certificate Yes <input type="checkbox"/> No <input type="checkbox"/>	Years Completed

I, the undersigned, declare that the above-noted information is complete and truthful and hereby make application for Post Secondary funding in order to undertake the following education program:

**PROGRAM INFORMATION**

Institution Name:		Student Number:	
Program Name		Length of Program:	Program Start Date:
Term/Semester Start Date:		Term/Semester End Date:	
Full time: <input type="checkbox"/>	Part time: <input type="checkbox"/>	Current year of Program:	

I accept responsibility for meeting student sponsorship requirements, and certify that I meet the academic and/or training requirements of the above institution and program, and that I am capable of managing the educational assistance funds to ensure the completion of above indicated program.

Signature of Applicant	Date
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## Post-Secondary Academic Records Release Form

Post-secondary funding is conditional upon the applicant signing a release form which permits the Taku River Tlingit First Nation Education Department to obtain a sponsored student's registration documents, tuition invoices, transcripts, faculty progress reports, and attendance records from their post-secondary education institution(s).

### STUDENT DECLARATION:

I hereby authorize the Taku River Tlingit First Nation Education Department to request and obtain my registration documents, tuition invoices, transcripts, faculty progress reports, and attendance records:

Student Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Student Number: \_\_\_\_\_

Date: \_\_\_\_\_



**TAKU RIVER TLINGIT  
FIRST NATION**



**Consent to Release Form**

Name \_\_\_\_\_  
\_\_\_\_\_

University/College \_\_\_\_\_

Date \_\_\_\_\_  
\_\_\_\_\_

Student ID # \_\_\_\_\_

I, \_\_\_\_\_ give permission to my sponsoring agency, the Taku River Tlingit First Nation (TRTFN) Education Department, to have access to the following information:

All (All information listed below)

Status of application

Financial information (tuition fees, invoices, statements)

Transcript of academic record and confirmation of enrollment

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

Date \_\_\_\_\_