





Financial Assistance for Nunavut Students  
**APPLICATION FOR CORRESPONDANCE/  
 ONLINE DISTANCE EDUCATION  
 COURSE REIMBURSEMENT**

**! IMPORTANT**

THIS FORM SHOULD BE COMPLETED ONLY IF YOU ARE CURRENTLY APPLYING FOR CORRESPONDENCE REIMBURSEMENT FOR COURSES YOU HAVE ALREADY COMPLETED.

**NOTE: FANS MUST HAVE A COPY OF YOUR TRANSCRIPT FOR THE COURSES THAT YOU JUST COMPLETED BEFORE YOU CAN RECEIVE REIMBURSEMENT.**

All sections are mandatory - Place a dash or line through boxes that do not apply to you.

**A - PERSONAL INFORMATION**

Last Name		First Name									
Middle Name(s)		Previous Last Name(s)									
Permanent Address (your T4A for income tax will be sent to this address)											
Current Mailing Address											
Community		Territory/Province	Postal Code								
Telephone (Home) (     )		Email Address (Please print clearly)									
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> Social Insurance Number						<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> Health Card Number					
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> Date of Birth (YY-MM-DD)											
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Citizenship <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other (Explain): _____	Current Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law (Living together for 12 continuous months)									
Have you ever claimed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No    If "Yes", give date of Absolute Discharge (YY-MM-DD) <table border="1" style="width: 100px; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>											
Do you presently have an outstanding Canada Student Loan and/or Provincial or Territorial Student Loan from any other Province or Territory? <input type="checkbox"/> Yes <input type="checkbox"/> No    If "Yes", from where? _____    Outstanding amount? _____											
Are you a Nunavut Land Claims Beneficiary? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please provide your NTI Beneficiary Enrollment Card number: _____											
Preferred languages of communication: <input type="checkbox"/> Inuktitut <input type="checkbox"/> Inuinnaqtun <input type="checkbox"/> English <input type="checkbox"/> French											

[fans@gov.nu.ca](mailto:fans@gov.nu.ca)

[www.gov.nu.ca](http://www.gov.nu.ca)

**Return to: FANS**  
 Box 390, Arviat, Nunavut X0C 0E0

**For more information:**  
 Phone FANS    Toll Free 1 877 860 0680  
 Fax FANS    Toll Free 1 877 860 0167

FAMS1004EN-2015/09

## B - PROGRAM DETAILS

Provide the following information regarding your course of study.

### Educational Institution

Name

Address

Community

Territory/Province

Postal Code

Program of Study

Dates of study

(please enter the start dates and end dates of the course(s) you have taken.)

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Start Date (YY-MM-DD)

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End Date (YY-MM-DD)

All sections are mandatory - Place a dash or line through boxes that do not apply to you.

## C - BANKING INFORMATION

Either attach a voided cheque or have the bank fill out this information:

Name of Bank

Branch Address

Institution #

Bank Stamp Here

Transit Number

Account Number

Name of Account Holder

Your name: \_\_\_\_\_



# APPLICATION AND STATUTORY DECLARATION

## CORRESPONDANCE/ONLINE DISTANCE EDUCATION COURSE REIMBURSEMENT

CANADA  
NUNAVUT TERRITORY  
TO WIT:



IN THE MATTER OF CLAIMING FOR  
REIMBURSEMENT FROM FINANCIAL  
ASSISTANCE FOR NUNAVUT STUDENTS  
FOR CORRESPONDENCE COURSES

I, \_\_\_\_\_  
PLEASE PRINT YOUR FULL NAME

of \_\_\_\_\_  
PLEASE PRINT YOUR FULL ADDRESS

in the Nunavut Territory

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Social Insurance Number

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Nunavut Health Care Number

DO SOLEMNLY DECLARE THAT I AM AND HAVE BEEN A RESIDENT OF NUNAVUT IN THE SENSE OF EATING, SLEEPING, AND CARRYING ON MY NORMAL ACTIVITIES IN THE NUNAVUT TERRITORY SINCE \_\_\_\_\_ UNTIL THE DATE OF THIS DECLARATION AND THAT **I AM NOT ELIGIBLE FOR REIMBURSEMENT FROM ANY OTHER SOURCE FOR ANY OF THE CORRESPONDENCE/DISTANCE EDUCATION EXPENSES I AM CLAIMING FOR REIMBURSEMENT.**

And, I make this solemn Declaration conscientiously believing it to be true, and knowing it is of the same force and effect as if made under oath, and by virtue of the **CANADA EVIDENCE ACT.**

DECLARED BEFORE ME  
AT \_\_\_\_\_  
IN THE Nunavut Territory,

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
A Commissioner for Oaths, Notary Public,  
Justice of the Peace for the Nunavut Territory.  
My Commission Expires \_\_\_\_\_ 20 \_\_\_\_\_



\_\_\_\_\_  
DECLARANT  
\_\_\_\_\_  
Date of Birth

All sections are mandatory - Place a dash or line through boxes that do not apply to you.

## RELEASE AGREEMENT AND DECLARATION

THIS SECTION MUST BE SIGNED IN ORDER FOR YOUR APPLICATION TO BE PROCESSED

I have read and understand the Declaration and consent below and hereby consent to the following:

1. I authorize the Department of Family Services to request information regarding my academic progress including education costs and transcripts from the educational institution that I will be attending.
2. I authorize the Department of Family Services to request information regarding my personal income from any Agency, Organization, or Department necessary to confirm information given on this application.
3. I understand that funds received from the Financial Assistance for Nunavut Students Program are considered taxable benefits by the CRA. I will receive a T4A each spring that will show the full amount of tuition, books, living allowance, travel costs and other fees provided to me or for me and my dependents. Income tax is not deducted from any payments I receive.
4. I declare that all information in this application is correct to the best of my knowledge.
5. I understand that false statements made in this application may result in termination of benefits, recovery of benefits paid and possible legal action.
6. The bank account listed above is in my name, and I give permission to the Financial Assistance for Nunavut Students (FANS) office to deposit my FANS benefits into the account. I understand that any incorrect bank information can lead to significant delays in the payment of my FANS benefits. I will notify the FANS office of any changes to my bank information. I understand that changes to my bank information may lead to payment delays.
7. I will notify the FANS office **immediately** if there is any change in my status, the status of my spouse, or in the number of dependents I am supporting.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date (YYYY-MM-DD)

\_\_\_\_\_  
Guardian's signature, if student is under 18

\_\_\_\_\_  
Date (YYYY-MM-DD)

All sections are mandatory - Place a dash or line through boxes that do not apply to you.