

Financial Assistance for Nunavut Students

TRAVEL FORM

! IMPORTANT

This form is only to be filled out and submitted once the student has received a funding approval package from FANS office indicating they will be receiving the travel benefit.

FANS provides round-trip travel from your home community directly to your school location. FANS covers only the travel costs for the approved locations listed on your Approval of FANS Benefits letter. Travel benefits cannot be transferred to another academic year. Any unused travel will be forfeit. If you do not request travel home within 2 weeks of the end of your classes or submit an **Early/Late Travel Request Form** within these 2 weeks, you will forfeit your travel benefit. In addition, FANS does not cover excess baggage, cargo, change/upgrade fees, meal costs or taxi fares.

INSTRUCTIONS

- Complete and submit this form to FANSTravel@gov.nu.ca at least 2 weeks before your requested travel date.
- Your travel to school must be within 2 weeks of your program start date and you must travel home within 2 weeks of the end of classes.
- If you require travel outside these time-frames, you must submit an **Early/Late Travel Request Form** for Manager approval. Failure to do so can result in a forfeit of any remaining travel benefit.
- Once the FANS office has booked your travel, you will receive your itinerary by email. If the FANS office was unable to book the dates you requested, they will email you to discuss alternates dates. While the FANS office makes every attempt to accommodate your travel dates, this may not always be possible.

Submit your completed form to: FANSTravel@gov.nu.ca



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TRAVEL FORM

A - TO BE COMPLETED BY STUDENT	
Student Name	
Home Community	School Location
Date of Travel	Destination
Phone Number	Email Address

Names of Dependant's traveling with the student (Please use text fields below)	
DEPENDANT'S NAME:	DEPENDANT'S DATE OF BIRTH (YY-MM-DD):
lame(s) of dependants NOT traveling on the same	date as the student (Please use text fields below)
Name(s) of dependants NOT traveling on the same DEPENDANT'S NAME:	date as the student (Please use text fields below) DEPENDANT'S DATE OF BIRTH (YY-MM-DD):
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