



# FINANCIAL ASSISTANCE FOR NUNAVUT STUDENTS

## WHAT IS FANS?

FANS (Financial Assistance for Nunavut Students) is Nunavut's Student Financial Assistance program. FANS provides financial support to help students cover the cost of post-secondary education. FANS provides students with the funding they need to further their education so they can pursue the career of their choice.

## WHO CAN RECEIVE FANS?

- Canadian citizens or people who have permanent resident status (landed immigrants).
- Residents of Nunavut (for at least 12 months before applying for FANS).
- Students attending a designated post-secondary institution
  - Full-time studies
  - Part-time studies

## WHAT BENEFITS DOES FANS PROVIDE?

- Benefits provided by FANS are listed in the Student Benefits Handbook.
- Contact FANS or the Career Development Officer in your region to get copy of this document.

## HOW DO YOU APPLY FOR FANS?

- Fall semester (programs starting between August 15 and October 1): July 15
- Winter semester (anytime in January): November 15
- Spring/Summer semester (April 15 – May 31): March 1
- All other: six weeks before course start date

Late applications will be accepted up to 30 days after the deadline but will not be processed until review of all on-time applications is completed.

## WHAT IF YOU NEED HELP?

You can get help from:

- Your school counselor
  - Your Nunavut Arctic College adult educator
  - Your Career Development Officer
- Qikiqtani:** 1-800-567-1514 or (867) 473-2600  
**Kivalliq:** 1-800-953-8516 or (867) 645-5040  
**Kitikmeot:** 1-800-661-0845 or (867) 983-4031

- The FANS office

**Toll-free phone:** 1-877-860-0680

**Toll-free fax:** 1-877-860-0167

**Email:** FANS@gov.nu.ca OR

FANSLOANS@gov.nu.ca

**Mail:** FANS P.O. Box 390 Arviat, NU X0C 0E0

## Here are some important definitions that will help you with your application form:

**Dependant:** Children 18 years of age or younger who are in your care and are financially dependent upon you. Students 19 years of age or older may also be considered dependants if they are attending high school, or declared financially dependent on you.

**Spouse:** a person to whom you are married to or with whom you have continuously lived with as a family unit for a period of at least one year before the date of acceptance for registration.

**Resident:** You must be a resident of Nunavut for 12 months before the date of acceptance for registration. See the FANS Guide for more information.

**Full Time Student:** Your school will determine the percentage of course load you are taking. To qualify for FANS you must maintain at least 60% of a full course load.

**Part Time Student:** To qualify for FANS you must be taking at least one course a semester at a post-secondary level but not taking more than 60% of a full course load.

## THINGS TO REMEMBER

- Apply as soon as you decide you will be going to school, even if you have not yet received acceptance to a post-secondary program
- Fill in your application completely – missing information will cause delays.
- Sign and date the last page
- Keep a copy of your application if you mail it
- All applications are subject to audit and verification
- **NOTIFY FANS** if there are any changes in your family, financial or school situation

- **ANY** false statements made on your application may result in termination of benefits, repayment of benefits paid and possible legal action

**Note:** If you are receiving income assistance, you must notify your income support worker once you are approved for FANS



You must have an active bank account to receive money from FANS. If you don't have a bank account, get one right away. Contact the FANS office if you need help.



# APPLICATION FOR FINANCIAL ASSISTANCE FOR NUNAVUT STUDENTS

## ! IMPORTANT

Please fill out this application **COMPLETELY**.

**Incomplete application forms can delay the processing of your application.**

Please print clearly and make sure the names used in this application match your government issued ID's.

### A - PERSONAL INFORMATION

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

Last Name		First Name	
Middle Names(s)		Previous Last Name(s)	
Permanent Nunavut Address (your T4A for income tax will be sent to this address)			
Address While at School			
Community		Territory/Province	Postal Code
Phone		Email Address	
Social Insurance Number		Health Card Number	Date of Birth (YY-MM-DD)
Gender <input type="checkbox"/> Female <input type="checkbox"/> Other <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) _____			
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? _____			
<b>Are you a Nunavut Land Claims Beneficiary?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please provide your NTI Beneficiary Enrollment Card number: _____			
Have you previously applied for FANS? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", when? _____			
Preferred language of communication: <input type="checkbox"/> Inuktitut <input type="checkbox"/> Inuinnaqtun <input type="checkbox"/> English <input type="checkbox"/> French			
Are you receiving disability benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you or your spouse receiving Income Assistance payments? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>*If you are receiving Income Assistance, you must inform your Income Support worker once you are approved for FANS</b>			
Will you be receiving salary or financial assistance from any other agency or organization while attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", from whom? _____ (Do not include scholarships)			

## B - RESIDENCY

THIS INFORMATION IS SUBJECT TO AUDIT

Have you been a resident of Nunavut for the past 12 months?  Yes  No

If you lived outside of Nunavut but qualified as a resident, please explain:

## NUNAVUT SCHOOLING AND RESIDENCY

### NUNAVUT RESIDENCY

I 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 APPLICATION.  
YYYY-MM-DD

**Note:** You will be deemed a resident if you were living outside of Nunavut for medical or schooling purposes as long as your parents remained residents of Nunavut and you are under the age of 18. If you are above the age of 18 and have not lived in Nunavut for 12 consecutive months you are not covered under your parents residency.

### EDUCATION

Please check (✓) one:  I have  I have not attended a Nunavut elementary/secondary school

**Note:** 1. Your years of schooling taken in the NWT prior to April 1, 1999 count toward your years of schooling in Nunavut.  
2. Your years of schooling taken in other provinces can count toward Nunavut schooling if your parents were Nunavut residents and you were financially dependant upon them and under their control while you were attending school.

	NAME OF SCHOOL	LOCATION	FROM (YY-MM)	TO (YY-MM)	GRADE COMPLETED	PARENTS NUNAVUT/NWT RESIDENTS?
1						<input type="checkbox"/> Yes <input type="checkbox"/> No
2						<input type="checkbox"/> Yes <input type="checkbox"/> No
3						<input type="checkbox"/> Yes <input type="checkbox"/> No
4						<input type="checkbox"/> Yes <input type="checkbox"/> No
5						<input type="checkbox"/> Yes <input type="checkbox"/> No
6						<input type="checkbox"/> Yes <input type="checkbox"/> No

Your Name: \_\_\_\_\_

## NUNAVUT SCHOOLING SUMMARY

Please fill out the summary table to the right. Include only the years in which you attended school in Nunavut and/or the years in which you attended school outside of Nunavut while your parents were Nunavut residents if you were under the age of 18 at the time.

	NUMBERS OF YEARS ATTENDED
Elementary School	
Secondary School	
<b>TOTAL</b>	

## C - SPOUSAL AND DEPENDANT INFORMATION

FANS CANNOT GIVE BENEFITS FOR DEPENDANTS, SPOUSES OR COMMON-LAW SPOUSES WHO HAVE MISSING OR INCORRECT HEALTH CARE NUMBERS OR MISSING DATES OF BIRTH

Your spouse's or common law's name:

Your spouse's email:

Phone

Spouse's Date of Birth (YY-MM-DD)

Please check (✓) the correct box:  Married  Common Law since (YY-MM-DD) \_\_\_\_\_

Spouse's Social Insurance Number

Spouse's Health Care Number

Will your spouse be working full time while you are at school?  Yes  No  
 Will your spouse be receiving Employment Insurance?  Yes  No  
 Will your spouse be receiving Training Allowance?  Yes  No

If both parents will be students only one parent can claim the children as dependants. Please indicate which parent will claim the children:

**Note:** You must immediately notify FANS if your spouse's employment situation changes.

### DEPENDANT CHILDREN NAMES (Dependant children must be financially dependant upon you.)

	GIVEN NAME	LAST NAME	DATE OF BIRTH (YY-MM-DD)	RELATIONSHIP TO YOU	HEALTH CARD NUMBER	LIVING WITH YOU WHILE AT SCHOOL?
1						<input type="checkbox"/> Yes <input type="checkbox"/> No
2						<input type="checkbox"/> Yes <input type="checkbox"/> No
3						<input type="checkbox"/> Yes <input type="checkbox"/> No
4						<input type="checkbox"/> Yes <input type="checkbox"/> No
5						<input type="checkbox"/> Yes <input type="checkbox"/> No
6						<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: PLEASE USE AN ADDITIONAL SHEET OF PAPER IF THERE IS NOT ENOUGH ROOM TO LIST ALL YOUR DEPENDANTS

Your Name: \_\_\_\_\_

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

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## D - 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 semester/ year for which you are applying for financial assistance. Use approximate dates, if necessary)		
_____		_____
Start Date (YY-MM-DD)		End Date (YY-MM-DD)
Please check (✓) the correct box: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th of a _____ year program		Expected Completion Date (YY-MM-DD)
Please check ( ) the correct box: <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Bachelor's <input type="checkbox"/> Masters <input type="checkbox"/> Ph.D. <input type="checkbox"/> Other: _____ Please Specify		
Name of the degree, diploma or certificate you will obtain upon completion:		
Are you taking this program of study through correspondence or online distance education?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Will you be a full-time or part-time student?		
<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time		

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

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

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

## E - BANKING INFORMATION

Bank account must be in the applicants name. Either attach a voided cheque or have the bank fill out this information:

Name of Bank

Branch Address

Institution Number

Bank Stamp Here

Transit Number

Account Number

Name of Account Holder

## F - CONSENT FOR THE RELEASE OF INFORMATION

**! IMPORTANT** Use this section if you wish to have a parent or someone else access your FANS information on your behalf during the current school year. A separate form must be submitted for each person you want to have access to your FANS information. The consent provided by this form expires on June 30th. A new form must be completed and submitted each year.

### STUDENT INFORMATION

Last Name

Given Names

Phone

Email Address

### RELEASE INFORMATION TO

Last Name

Given Names

Relationship to Student

Email Address

### INFORMATION TO BE RELEASED

Please indicate the type of information you want FANS to release to this person during this academic year:

All or  Some (Please Explain):

### DECLARATION OF CONSENT

I hereby consent to the release of information from my FANS file referred to above by the Department of Education. No other person(s) will be given this information without my further written consent and this information will be used only as stated above. I understand that I can withdraw this consent at any time by notifying the FANS office.

\_\_\_\_\_  
Student's Signature

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

This information is being collected under the authority of the Access to Information and Protection of Privacy (ATIPP) Act, Section 40 and the Student Financial Assistance Act and Regulations. The information will be used to determine your initial and continued eligibility for FANS and for the general administration and enforcement of this program. The Privacy provisions of the ATIPP Act protect your information, and all applicants have the right to examine and request correction of their records and to request a review by the Information and Privacy Commissioner. If you have any questions about the collection of your personal information, contact the FANS Manager, Box 390 Arviat, Nunavut X0C 0E0, FANS@gov.nu.ca or call 1-877-860-0680.

## 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 Education 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 Education to request information regarding my personal income from any Agency, Organization, or Department necessary to confirm information given on this application
3. I authorize the Department of Education to request information regarding my residency and health insurance from any Agency, Organization, or Department necessary to confirm information given on this application.
4. I understand that funds received from the Financial Assistance for Nunavut Students (FANS) 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.
5. I declare that all information in this application is correct to the best of my knowledge.
6. I understand that false statements made in this application may result in termination of benefits, recovery of benefits paid and possible legal action.
7. The bank account listed above is in my name, and I give permission to the FANS office to deposit my 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.
8. 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)

\_\_\_\_\_  
Spouse's Signature

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

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

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

**Note: Due to our privacy act FANS cannot release any information about your application to any other person other than the applicant.**

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