



Financial Assistance for Nunavut Students APPLICATION FOR NON-NUNAVUT RESIDENTS SEEKING CONFIRMATION OF INELIGIBILITY OF SPONSORSHIP

! IMPORTANT

THIS FORM SHOULD BE COMPLETED ONLY IF YOU ARE NOT A NUNAVUT RESIDENT AND ARE SEEKING CONFIRMATION OF INELIGIBILITY OF SPONSORSHIP.

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
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): _____	Preferred language of communication: <input type="checkbox"/> Inuktitut <input type="checkbox"/> Inuinnaqtun <input type="checkbox"/> English <input type="checkbox"/> French	
Have you been a resident of Nunavut for the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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: _____			

AGREEMENT AND DECLARATION

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

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

1. I declare that all information in this application is correct to the best of my knowledge.
2. I understand that false statements made in this application may result in possible legal action.

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.