

Financial Assistance for Nunavut Students

DISTANCE EDUCATION COURSE REIMBURSEMENT COVER PAGE

! IMPORTANT

FANS reimburses students who have successfully completed post secondary correspondence/online distance education courses. To qualify you must:

- Be sixteen years of age or older;
- Be a resident of Nunavut for three years prior to course registration;
- Have taken the course from a designated post secondary institution (the Government of Canada maintains a list of designated institutions);
- Not be receiving or be eligible for reimbursement from an employer or other source;
- Provide evidence that you have successfully completed the course.

CORRESPONDENCE ENTITLEMENTS	ENTITLEMENT
Tuition: supported by receipt	Up to a maximum of \$1000 per
Books/software: supported by receipt	course and a maximum lifetime
Fees: supported by receipt	limit of \$10,000 of reimbursed
Postage: supported by receipt	expenses

INSTRUCTIONS:

To be reimbursed for eligible courses, submit the following documents to the FANS office:

- Application for Distance Course Reimbursement;
- · All receipts;
- Official course transcript with final course marks;
- Statutory Declaration for Distance Education reimbursement.

Email your Documents to:

FANS@gov.nu.ca (Inuit enrolled under Nunavut Agreement) FANSLoans@gov.nu.ca (Students not enrolled under Nunavut Agreement) ک⊂[°]σ⊲^₅σ⊂∿[▶]d^c Ilinniaqtuliqiyitkut Department of Education Ministère de l'Éducation

Financial Assistance for Nunavut Students

DISTANCE EDUCATION COURSE REIMBURSEMENT APPLICATION FORM

! IMPORTANT

This form should be completed only if you are currently applying for Distance Education Course Reimbursement for courses you have already completed.

FANS must have a copy of your transcript for the courses that you just completed before you can receive reimbursement.

Send your completed form to:

FANS@gov.nu.ca FANSLoans@gov.nu.ca (for Nunavut Inuit enrolled under Nunavut Agreement) (for students not enrolled under the Nunavut Agreement)

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	
Phone	1	Email Address	1	
Social Insurance Number	Health Card Number		Date of Birth (yy-mm-dd)	
Gender Female Other Male	Citizenship Canadian Citizen Permanent Resident Other (Explain):	Current Marital Status Single Married Common Law (Living together	for 12 continuous months)	
Have you ever claimed bankruptcy Yes No	?	If "Yes", give date of Absolute Disch	arge (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?				
Yes No	If "Yes", from where?		Outstanding amount?	
Are you a Nunavut Land Claims Beneficiary? Yes No				
If "Yes", please provide your NTI Beneficiary Enrollment Card number:				
Preferred language of communication: Inuktitut Inuinnaqtun English French				



Financial Assistance for Nunavut Students

Postal Code

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B - PROGRAM DETAILS

Provide the following information regarding your course of study.

Educational Institution Name

Address

Community

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):

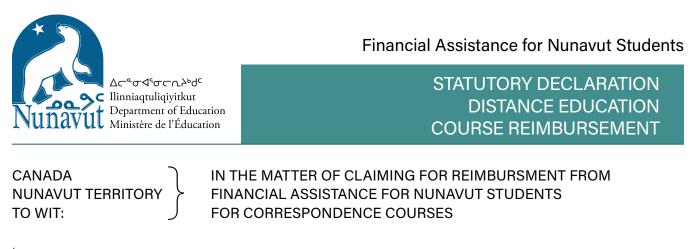
End Date (yy-mm-dd):

Territory/Province

C - BANKING INFORMATION

Bank account must be in the applicant's 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			



l,	Please Print Your Full Name
of	Please Print Full Address
In the Nunavut Territory	
Social Insurance Number	
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 Territiory since (yy-mm-dd) ______ until the date of this declaration. And that I am not eligible for reimbursment from any other source for any of the Distance Education Expenses I am claiming for reimbursment.

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 (Signature)

Date of Birth (yy-mm-dd)



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Financial Assistance for Nunavut Students

STATUTORY DECLARATION DISTANCE EDUCATION COURSE REIMBURSEMENT

A - F	RELEASE AGREEMENT AND DECLARATION		
	ection must be signed in order for your application to be processed. I have read and understand the Declaration and consent 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 healthinsurance 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	e bank account listed above is in my name, and I give permission to the FANS office to deposit my benefits into the account. I derstand that any incorrect bank information can lead to significant delays in the payment of my FANS Benefits. I will notify the FANS ce 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.		
Studer	t's Signature Date (yy-mm-dd)		
	an's Signature		
(if student is under 18) Date (yy-mm-dd)			

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