



Application Cover Page Financial Assistance for Nunavut Students

Phone FANS toll free 1 877 860 0680

FAX FANS toll free 1 877 860 0167

FANS 04 02 08



What is FANS?

FANS is Nunavut's student financial assistance program: **Financial Assistance for Nunavut Students**. It is delivered by the Adult Learning & Post Secondary Services Division of the Nunavut Department of Education. FANS was established by the Government of Nunavut to ensure that financial need is not a barrier to post-secondary education. The objective of the FANS is to stimulate the pursuit of excellence by recognizing achievement and by encouraging and assisting Nunavumiut to achieve their fullest potential.

Who can apply?

To be eligible for student financial assistance from FANS you must:

- Be a Canadian citizen or have permanent resident status (Landed Immigrant);
- Be a resident of Nunavut for at least one year;
- Be enrolling in a program that is at least 12 weeks in length at a designated post secondary institution;
- Enroll as a full time student and be working toward a degree, diploma, or certificate.

How do I apply?

To apply, fill out the attached application. Make sure that you fill it in completely. Any missing information will slow down the processing of your application. **Your form must be dated and signed.** Fax the application form to FANS using our toll free fax line: 1 877 860 0167.

Is there a deadline?

In order for you to receive your benefits when you start school, FANS must have your completed application by July 15 for Fall semester, November 15 for Winter semester, March 1 for Spring/Summer sessions. You do not need to be accepted to a post secondary institution to begin the application process. **It is to your advantage to apply early.**

What benefits does FANS provide?

If you don't already have the **FANS Guide** and **FANS Benefit Sheet**, please contact FANS or the Dept. of Education Regional Office listed on this page to get copies of these important documents.

Note: If you are receiving Income Support, you must notify your worker once you are approved for FANS

Where can I get help?

You can get help from:

- ✓ Your high school counselor
- ✓ Your Nunavut Arctic College Adult Educator
- ✓ Your Department of Education Regional Office:
Baffin: 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:

phone toll free 1 877 860 0680

fax toll free 1 877 860 0167

E-mail FANS@gov.nu.ca

Mail FANS

Box 390

Arviat, NU X0C 0E0

Anything Else?

You **must have a 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.

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 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.**

Don't forget!

- ✓ Apply as soon as you decide you will be going to school
- ✓ 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
- ✓ To notify FANS if there are any changes in your family, financial or school situation
- ✓ That any false statements made on your application may result in termination of benefits, repayment of benefits paid and possible legal action



APPLICATION FOR STUDENT FINANCIAL ASSISTANCE

FANS Student Number

Financial Assistance for Nunavut Students

FANS
Nunavut Department of Education
Adult Learning & Post Secondary Services
Box 390 Arviat, Nunavut X0C 0E0

Phone FANS Toll Free 1 877 860 0680
Fax FANS Toll Free 1 877 860 0167

For office use only

IMPORTANT

IMPORTANT

IMPORTANT

PLEASE FILL OUT THIS APPLICATION COMPLETELY.

INCOMPLETE APPLICATION FORMS CAN DELAY THE PROCESSING OF YOUR APPLICATION.

OUR FANS OFFICERS WOULD APPRECIATE IT IF YOU WOULD PRINT CLEARLY.

A APPLICATION DATES

Please enter the start and end dates for the semester or year for which you are applying for financial assistance. If you are unable to give specific dates then please use approximate dates.

Start Date: |__|_|_|_|_|_|_|_|_| End Date: |__|_|_|_|_|_|_|_|_|
M M D D Y Y M M D D Y Y

B PERSONAL INFORMATION

Please check (√) one box

€ Mr. € Miss

Date of Birth: |__|_|_|_|_|_|_|_|_|

€ Mrs. € Ms.

M M D D Y Y

Last Name: _____

Given Name: _____

|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Social Insurance Number

|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Health Care Number

Please check (√) one box for each of the following questions.

Citizenship: € Canadian € Landed Immigrant € Other

Marital Status: € Single € Married € Common Law

Ethnicity: € Inuit € Inuvialuit € Caucasian € Other: _____

€ Status Indian: If you are a NWT Aboriginal descendent,
please include a photocopy of your treaty card.

Are you an Inuit Nunavut Beneficiary? € Yes € No

- Have you previously applied for student financial assistance? € No If yes when : _____
- Preferred languages of communication: € Inuktitut € Innuinaqtun € English € French
- Are you receiving disability benefits? € Yes € No
- Are you or will you be receiving Employment Insurance benefits (EI)? € Yes € No
- Are you or your spouse receiving Income Support payments? € Yes € No

If you are receiving Income Support, you must inform your Income Support worker once you are approved for FANS

- Will you be receiving financial assistance from any other agency or organization while attending school? € Yes € No If Yes, from whom? _____

F SPOUSAL AND DEPENDANT INFORMATION

FANS CANNOT GIVE BENEFITS FOR DEPENDANTS WHO HAVE MISSING OR INCORRECT HEALTH CARE NUMBERS OR MISSING DATES OF BIRTH

Your name: _____

Your spouse's or common law's name: _____

Spouse's Date of Birth: | | | | | | | | | |
M M D D Y YPlease ✓ the correct box: MARRIED LIVING AS COMMON LAW SINCE | | | | | | | | | |
M M D D Y Y| | | | | | | | | | | | | | | | | | | | | |
Spouse's Social Insurance Number| | | | | | | | | | | | | | | | | | | | | |
Spouse's Health Care NumberWill your spouse be working full time, while you are at school? Yes NoWill your spouse be receiving Employment Insurance or a Training Allowance while you are at school? Yes No**Note: You must immediately notify FANS if your spouse's employment situation changes****Dependant Children Names (DEPENDANT CHILDREN MUST BE FINANCIALLY DEPENDANT UPON YOU.)**

Last Name	Given Name	Date of Birth MM :DD :YY	Relationship to you	Health Card Number	Living with you while at school?
1					Yes:€ No:€
2					Yes:€ No:€
3					Yes:€ No:€
4					Yes:€ No:€
5					Yes:€ No:€
6					Yes:€ No:€

Note: Please use an additional sheet of paper if there is not enough room to list all your dependants

G 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 understand that funds received from the Financial Assistance for Nunavut Students Program are considered taxable benefits by the C.C.R.A. 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 dependants. 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. I authorize release of my personal, academic and financial information to the Millennium Scholarship Foundation, where deemed appropriate, to enable my consideration as a possible candidate for a Canada Millennium Scholarship/Bursary.
7. I will notify the Financial Assistance for Nunavut Student 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

guardian's signature, if student is under 18

date

Employers may contact the Financial Assistance for Nunavut Student Office for lists of students for summer or permanent jobs. If you **do not** want your name to be given to a potential employer, please check (√) this box: