



## **CORRESPONDENCE/ ONLINE DISTANCE EDUCATION COURSES**

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

- a) be sixteen years of age or older;
- b) be a resident of Nunavut for three years prior to course registration;
- c) have taken the course from a designated post secondary institution  
(The FANS office has a list of designated institutions);
- d) not be receiving or be eligible for reimbursement from an employer or other source;
- e) provide evidence that you have successfully completed the course.

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

To be reimbursed, you must send to FANS:

1. Application for Distance Course Reimbursement;
2. All receipts;
3. Official course transcript with final course marks;



# Financial Assistance for Nunavut Students

## APPLICATION FOR CORRESPONDANCE/ ONLINE DISTANCE EDUCATION COURSE REIMBURSEMENT

### **! IMPORTANT**

THIS FORM SHOULD BE COMPLETED ONLY IF YOU ARE CURRENTLY APPLYING FOR CORRESPONDENCE REIMBURSEMENT FOR COURSES YOU HAVE ALREADY COMPLETED.

**NOTE: FANS MUST HAVE A COPY OF YOUR TRANSCRIPT FOR THE COURSES THAT YOU JUST COMPLETED BEFORE YOU CAN RECEIVE REIMBURSEMENT.**

### **A - PERSONAL INFORMATION**

|  |   |  |                          |
|--|---|--|--------------------------|
| Last Name  |   | First Name   |                          |
| Middle Names(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<br><input type="checkbox"/> Female <input type="checkbox"/> Other<br><input type="checkbox"/> Male  | Citizenship<br><input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident<br><input type="checkbox"/> Other (Explain): _____ | Current Marital Status<br><input type="checkbox"/> Single <input type="checkbox"/> Married<br><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?<br><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<br>If "Yes", please provide your NTI Beneficiary Enrollment Card number: _____  |   |  |                          |
| Preferred language of communication: <input type="checkbox"/> Inuktitut <input type="checkbox"/> Inuinnaqtun <input type="checkbox"/> English <input type="checkbox"/> French  |   |  |                          |

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

## B - 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) |

## C - BANKING INFORMATION

|   |                 |
|---|-----------------|
| <b>Bank account must be in the applicants name. Either attach a voided cheque or have the bank fill out this information:</b> |                 |
| Name of Bank  |                 |
| Branch Address  |                 |
| Institution Number  | Bank Stamp Here |
| Transit Number  |                 |
| Account Number  |                 |
| Name of Account Holder  |                 |

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



# Financial Assistance for Nunavut Students APPLICATION AND STATUTORY DECLARATION

## CORRESPONDANCE/ONLINE DISTANCE EDUCATION COURSE REIMBURSEMENT

CANADA  
NUNAVUT TERRITORY  
TO WIT:



IN THE MATTER OF CLAIMING FOR  
REIMBURSEMENT FROM FINANCIAL  
ASSISTANCE FOR NUNAVUT  
STUDENTS  
FOR CORRESPONDENCE COURSES

I, \_\_\_\_\_  
PLEASE PRINT YOUR FULL NAME

of \_\_\_\_\_ in the Nunavut Territory  
PLEASE PRINT YOUR FULL ADDRESS

\_\_\_\_\_  
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 TERRITORY SINCE  
\_\_\_\_\_ UNTIL THE DATE OF THIS DECLARATION AND THAT I AM NOT ELIGIBLE FOR

REIMBURSEMENT FROM ANY OTHER SOURCE FOR ANY OF THE CORRESPONDENCE/DISTANCE EDUCATION  
EXPENSES I AM CLAIMING FOR REIMBURSEMENT.

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

\_\_\_\_\_  
DATE OF BIRTH

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

## 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)

\_\_\_\_\_  
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.