



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 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	

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)



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 Department of Education
 Ilinniaqtuliqiyikkut
 Ministère de l'Éducation

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 (for Nunavut Inuit enrolled under Nunavut Agreement)

FANSLoans@gov.nu.ca (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		Email Address	
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 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?			
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			



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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

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	



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Financial Assistance for Nunavut Students

STATUTORY DECLARATION 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 _____ 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 Territory since (yy-mm-dd) _____ until the date of this declaration. And that I am not eligible for reimbursement from any other source for any of the 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 (Signature)

 Date of Birth (yy-mm-dd)



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STATUTORY DECLARATION
DISTANCE EDUCATION
COURSE REIMBURSEMENT

A – 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 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	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 (yy-mm-dd)
Guardian'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.