



ᐃᓕᓐᓄᓪᓴᓕᓕᓂᓴᐅᓄᓕ
 Department of Education
 Ilinniaqtuliyikkut
 Ministère de l'Éducation

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.

Submit 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 Male Other | Citizenship Canadian Citizen Permanent Resident Other (Explain): | Preferred language of communication: Inuktitut Inuinnaqtun English French | |
| Have you been a resident of Nunavut for the past 12 months? | | Yes | No |
| Are you a Nunavut Land Claims Beneficiary? | | Yes | 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 (yy-mm-dd) | |
| _____ Guardian's Signature, if student is under 18 | | _____ Date (yy-mm-dd) | |