



YUKON STUDENT FINANCIAL ASSISTANCE APPLICATION

Student name: _____

All applicants must fill out sections 1 through 5, and page 7

Indicate which type(s) of funding you are applying for:

<input type="checkbox"/> Yukon Grant	<input type="checkbox"/> Student Training Allowance
<input type="checkbox"/> Yukon Excellence Awards	<input type="checkbox"/> Scholarships

Return your completed application and documents to:

Student Financial Assistance, Education, E-1
Government of Yukon, Box 2703, Whitehorse, Yukon Y1A 2C6
The Student Financial Assistance office is located at
1000 Lewes Boulevard, Whitehorse, Yukon
Website: www.yukonstudentaid.com

Contact information

Phone: 867-667-5929
Toll-free: 1-800-661-0408 ext. 5929
Fax: 867-667-8555
Email: sfa@gov.yk.ca

Incomplete applications will be cancelled as of the end date of classes for this academic year.

IMPORTANT: YUKON HEALTH CARE INSURANCE

If you are attending post-secondary education outside of Yukon, you must inform the Yukon Health Care Insurance office that you are temporarily leaving the Yukon for educational purposes to remain eligible for physician and hospital benefits under the Yukon Health Care Insurance plan and Hospital Insurance Services plan.

To continue to receive physician and hospital health care coverage while out of the territory you must:

- be in full-time attendance at a university or other recognized educational institution;
- intend to return to the Yukon Territory permanently upon completion of your studies;
- submit a temporary absence form, which you can obtain from Health and Social Services' website at www.hss.gov.yk.ca/yhcip-temp.php, with confirmation of your enrolment for approval prior to your original date of departure. You must complete one for each year you are absent, either by fax 867-393-6486, mail, Insurance Health Services H-2, Box 2703, Whitehorse, Yukon Y1A 2C6 or hand deliver in office at 204 Lambert Street;
- upon return to Yukon, present in person to Insurance Health Services where you will be asked to sign and date the bottom portion of this form. If you have returned to Yukon but are not in Whitehorse, call our office to make alternative arrangements at 867-667-5209 - failure to do so may result in the cancellation of your health care coverage.

There are limitations to your coverage. Your benefits under the Travel for Medical Treatment Program cease on the day you leave the territory. Also, ground ambulance and air medevac flights are not covered outside the Yukon.

If you are registered with the Chronic Disease Program you may be reimbursed for the cost of drugs when you submit original paid receipts upon returning to the territory if you have maintained your Yukon health care coverage for the duration of your absence.

Yukon Health Care Insurance strongly advises that you purchase additional health care insurance while out of the Yukon.

Attending educational institutions in Canada: Regardless of the province or territory in which you attend school, you are covered for physician and hospital services. If you see a physician or are hospitalized, the bills for your expenses will be charged back to the Yukon government for payment under the terms of the Inter-provincial Reciprocal Billing Agreement. (Note: Quebec is not part of the Inter-Provincial Reciprocal Billing Agreement and physicians/hospitals may want payment at the time the service is provided. These expenses will be reimbursed to you on submission of paid receipts.) You are responsible for any service or treatment received that is not insured under the Yukon Health Care Insurance Plan.

Attending educational institutions outside of Canada: Coverage of insured hospital and physician services is limited to the maximum amount that would be paid to receive that same service in Yukon. Most out-of-country health care providers will require that payment be made at the time services are provided. Reimbursement is issued by Yukon Health Care Insurance upon receipt of paid invoices. You are 100% responsible for any costs over and above the Yukon rate and for any service or treatment received that is not insured under the Yukon Health Care Insurance Plan.

Yukon Health Care Insurance Plan, P.O. Box 2703, H-2, Whitehorse, Yukon Y1A 2C6
Phone: (867)667-5271 Fax (867)393-6486

Collection and use of information: We are collecting this personal information to determine your eligibility for Yukon territorial student funding programs in accordance with Yukon's *Student Financial Assistance Act*, the *Occupational Training Act* and respective regulations, policies and guidelines. The collection, use and disclosure of your personal information is done under the authority of Yukon's *Access to Information and Protection of Privacy (ATIPP) Act* and is managed in accordance with the ATIPP Act. If you have any questions about the collection of this information, contact the Student Financial Assistance office at 867-667-5929.



YUKON STUDENT FINANCIAL ASSISTANCE APPLICATION

SECTION 1 – PERSONAL INFORMATION

Last name		First name	
Middle name(s)		Previous last name (if applicable)	
Social insurance number		Marital status	
Permanent mailing address			
Street address or P.O. box		City	
Terr/prov/state	Postal/zip code	Country	
Phone	Email		
Your address while at school			
If you leave this section blank, or if the address you provide is incomplete, all correspondence will be sent to the permanent mailing address you provided above. Do not use the institution's address.			
Street address or P.O. box		City	
Terr/prov/state	Postal/zip code	Country	
Phone	Email		
Other information			
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of birth YYYY/MM/DD	Which of the following applies to you: <input type="checkbox"/> Canadian citizen <input type="checkbox"/> Permanent resident	

SECTION 2 – STATISTICAL INFORMATION

Optional – for statistical purposes only

Are you an Aboriginal person, that is, First Nation, Metis, or Inuk (Inuit)? Yes No Prefer not to say

If yes, are you: Status Non-Status

Select which best describes you: Yukon First Nation Metis Inuit Other First Nation

If you are a member of a Yukon First Nation, provide the name of your First Nation:

SECTION 3 – RESIDENCY INFORMATION

Read these instructions carefully:

Starting with July 1, 2017 and ending with the date your classes will start, provide in order where you were living for the past 2 years and separate the times when you were in school ‘full-time’, ‘part-time’, or ‘not in school’. Also separate the times when you were living in or out of Yukon.

From		To		Where did you physically reside?		Status (check one)		
Month	Year	Month	Year	City	Terr./prov.	Full-time	Part-time	Not in school
July	2017							

When did you become a resident of Yukon? **YYYY/MM**

SECTION 4 – INSTITUTION/PROGRAM INFORMATION

Name of institution		Campus (if applicable)	
City		Terr/prov/state	Student ID number
Name of program (i.e. science, geography, engineering)		Type of program	
How many years is your program? (i.e. 1, 2, 3 or 4-year duration)		<input type="checkbox"/> Upgrading/college preparation <input type="checkbox"/> Certificate (normally 1-year duration) <input type="checkbox"/> Diploma (normally 2-year duration) <input type="checkbox"/> Undergraduate degree (normally 4-year duration) <input type="checkbox"/> Masters/graduate degree <input type="checkbox"/> Other _____	
Which year of the program are you entering? (i.e. 1 st year of a 2, 3 or 4-year program)			
What is the start date of your classes? YYYY/MM/DD			
What is the end date of your classes? YYYY/MM/DD			
Enter the end date for your entire school year, including exam dates.			
Are you taking this program by correspondence or distance education? <input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION 5 – DETERMINING YOUR ELIGIBILITY

To assist our office in determining your eligibility, complete the following:

Are you married or common-law? Yes No

You are considered common-law if you have been living with your partner for 12 months or longer.

Where has your spouse last resided for 12 months while **not** in full-time post-secondary studies?

City/province/country: _____

Are you a single parent? Yes No

Have you been out of high school for 4 years? Yes No

If you answered no to all of these questions, you are considered to be dependent on your parent(s).

SECTION 6 – YUKON GRANT APPLICANTS ONLY

The Yukon Grant is for full-time post-secondary studies only. If you are taking upgrading classes, you may be eligible to apply for the Student Training Allowance (section 7), provided you are studying full-time at a designated Yukon institution.

If this is your first Yukon Grant application, you must include:

- Letter of acceptance from the institution you will be attending Attached On its way
- Yukon high school transcript or proof of Yukon registered home schooling, or if you have not completed 2 years of high school in Yukon but were resident, a Schedule E must be completed and can be found at www.yukonstudentaid.com. Attached On its way
- If you are considered to be dependent on your parent(s), complete the Parent Declaration on page 8. Completed N/A
- Sign the student declaration form on page 7.

If this is your second or subsequent Yukon Grant application, you must include:

- If you are changing institutions, a new letter of acceptance Attached On its way
- If you are considered to be dependent on your parent(s), complete the Parent Declaration on page 8. Completed N/A
- Sign the student declaration form on page 7 of this application.

**Deadline date for our office to receive your Yukon Grant application and signed declaration form (page 7):
6 weeks after the start date of your classes.**

Deadline date for all other supporting documents: Your study period end date for this academic year.

SECTION 7 – STUDENT TRAINING ALLOWANCE APPLICANTS ONLY

If you are applying for the Yukon Grant, you CANNOT apply for the Student Training Allowance during the same study period. The Student Training Allowance is available to students taking full-time post-secondary or upgrading studies.

Will you have to move to another community to attend your program? Yes No
 If yes, will you have to maintain two residences while attending school? Yes No

If you have any dependants when your classes start, list each dependant below. A dependant is a child (natural, adopted, stepchild) 17 years old or younger, or a spouse whose income is less than \$110.00 per week.

Names of dependant(s) Last name, first name	Date of birth	Relationship to you	Normally lives with you?
	YYYY/MM/DD		<input type="checkbox"/> Yes <input type="checkbox"/> No
	YYYY/MM/DD		<input type="checkbox"/> Yes <input type="checkbox"/> No
	YYYY/MM/DD		<input type="checkbox"/> Yes <input type="checkbox"/> No
	YYYY/MM/DD		<input type="checkbox"/> Yes <input type="checkbox"/> No

It is your responsibility to report any other funding which pays your tuition, books costs, living allowance or other types of assistance while you are in school. Check with our office if you are unsure – we can help you avoid having to pay back funding you are not entitled to receive.

Will any other organization(s) be paying for your tuition or books costs? Yes No Maybe
 If “yes” or “maybe”, name the organization(s) here: _____

Will any other organization(s) be providing you with a living allowance or other assistance while you are in school? Yes No Maybe
 If “yes” or “maybe”, name the organization(s) here: _____

If you answered “yes” or “maybe” to either of the questions above, you may be required to provide a letter of approval or denial of funding from the organization(s) before your application will be processed.

Important: You must include the following with your Student Training Allowance application

- Letter of acceptance or proof of registration Attached On its way
- Copies of birth certificate(s) for each dependant. Attached On its way N/A Previously submitted
- Approval/denial letter if another organization is providing you or your school with funding for your education (besides scholarships) Attached On its way N/A
- Sign the student declaration form on page 7 of this application

Deadline date for our office to receive your Student Training Allowance application and signed student declaration form (page 7): 14 school days after the start date of your classes.

Late applications will be considered and, if approved, funding will start from the date your signed application is received.

Deadline date for all other supporting documents: Your study period end date for this academic year.

SECTION 8 – YUKON EXCELLENCE AWARDS APPLICANTS ONLY

I would like to apply for \$ _____ of my Excellence Awards for this academic year.

Name of Yukon high school: _____

Date you left high school: YYYY/MM

Include:

- Receipts for tuition and/or book costs: Attached On its way
- Sign the student declaration form on page 7 of this application

Awards must be claimed within ten years of leaving high school.

SECTION 9 – SCHOLARSHIP APPLICANTS ONLY**DEADLINE: SEPTEMBER 30****Check each scholarship for which you wish to apply:** **Canadian Army Yukon Scholarship - \$100.00**

- Criteria:
- Grade 12 student of Yukon high school, attending 1st year of post-secondary studies leading to a certificate, diploma or degree
 - Attending an eligible post-secondary institution in the academic year immediately following graduation
 - Awarded to highest average based on Grade 12 final marks
 - Provide high school transcript Attached On its way

 Nicholas John Harach Scholarship - \$100.00

- Criteria:
- Grade 12 graduate of Yukon high school, attending any year of aviation-oriented technical training
 - Must be resident of Yukon as defined by Yukon Grant residency criteria
 - Awarded to highest average based on Grade 12 final marks or post-secondary transcript
 - Provide high school transcript if entering first year, or post-secondary transcript any other year Attached On its way

 Yukon Art Society Scholarship - \$250.00

- Criteria:
- Grade 12 graduate of Yukon high school, entering 1st year of a visual arts program in the academic year immediately following graduation
 - Awarded to strongest candidate based on statement and letter of recommendation
 - Provide 150-word (minimum) personal statement on why you are pursuing art, letter of recommendation from a teacher, and high school transcript (for purposes of determining eligibility only) Attached On its way

 Yukon Huskys C.B. Radio Club Scholarship - \$350.00

- Criteria:
- Grade 12 graduate of Yukon high school, entering 1st or 2nd year of a 1- or 2-year vocational/technical program
 - Awarded to highest average based on Grade 12 final marks if entering 1st year, first-year post-secondary marks if entering 2nd year
 - Provide high school transcript if entering 1st year, or post-secondary transcript if entering 2nd year Attached On its way



YUKON STUDENT FINANCIAL ASSISTANCE (SFA)
STUDENT DECLARATION/CONSENT TO DISCLOSE INFORMATION

You must sign this page in order for this application form to be considered complete. Please read before signing at the bottom of this page.

Would you like a friend, parent, spouse or other person to communicate with our office on your behalf regarding your funding?

Print name(s) 1. _____ AND/OR _____
2. _____

By signing below, I authorize Student Financial Assistance officers and the person(s) listed above to discuss my personal/financial information as it relates to this application.

This information is being collected under the authority of the Yukon Student Financial Assistance Act, the Occupational Training Act and respective regulations, for the purpose of administering territorial student funding programs and scholarships.

- 1. I hereby consent to Employment and Social Development Canada and Social Assistance disclosing and collecting my personal information to and from the Student Financial Assistance Unit.
2. I hereby authorize Student Financial Assistance, the Student Financial Assistance Committee, educational institutions and applicable sponsoring agencies to disclose and collect my personal/financial information as needed to process and audit this application.
3. I confirm that I will not be eligible, have not been eligible, and do not reasonably expect to be eligible to apply for Student Financial Assistance from the government of a jurisdiction outside Yukon...
4. I understand and agree that if I receive Yukon Grant or Student Training Allowance funding for online or distance education courses...
5. [] Yes By checking this box, I consent to Student Financial Assistance disclosing my contact information to STEP and Grad Corps program administrators...

I make this declaration conscientiously believing that the information in this application is true and correct, and knowing that it is of the same force and effect as if made under oath. I understand that knowingly providing false or misleading information in relation to this application constitutes an offence pursuant to the provisions of the Criminal Code of Canada.

Signature of applicant: [X] Date: [X]

Print name: _____



PARENT/LEGAL GUARDIAN RESIDENCY DECLARATION

Complete this form if your child ("the applicant") is applying for Yukon funding and:

- has been out of high school for less than 4 years; and
- is a dependent student and you are the parent/guardian with whom the applicant normally resides

A dependent student:

- has never been married or common/law
- has never been a single-parent
- has never been in the labour force for two periods of 12 consecutive months

Applicant (student) last name: _____ First name: _____

Parent/guardian last name: _____ First name: _____

Permanent mailing address: _____

City: _____ Province/territory _____

Postal code: _____ Telephone: _____

What is your relationship to the applicant? _____

In which province/territory did you last maintain a family home for 12 months in a row, prior to the applicant starting his/her classes this year? Province/territory: _____

I make this declaration conscientiously believing that the information I have provided is true and correct, and knowing that it is of the same force and effect as if made under oath. I understand knowingly providing false or misleading information in relation to this form constitutes an offence pursuant to the provisions of the Criminal Code of Canada. I understand that providing false information on this form may result in an overpayment of Yukon funding to the applicant, and that the applicant may be required to repay any or all Yukon funding provided as a result of the information provided above.

Signature of parent: _____

Date: YYYY/MM/DD

Print name: _____

For more information, please visit www.yukonstudentaid.com or email the Student Financial Assistance office at sfa@gov.yk.ca, or telephone 867-667-5929 or toll free in Yukon at 800-661-4008 ext 5929.

Collection and use of information: We are collecting your personal information for use only by the Student Financial Assistance Unit and, in case of an appeal, by the Student Financial Assistance Committee. Your information will not be disclosed to outside agencies or used for any purpose other than determining the applicant's eligibility for Yukon student funding programs in accordance with Yukon's *Student Financial Assistance Act* and respective regulations, policies and guidelines. The collection and use of your personal information is done under the authority of Yukon's *Access to Information and Protection of Privacy (ATIPP) Act* and is managed in accordance with the *ATIPP Act*. If you have any questions about the collection of this information, contact: ATIPP Coordinator, Department of Education 867-667-8326.