



# CANADA STUDENT LOAN AND/OR CANADA STUDENT GRANT APPLICATION FOR FULL-TIME STUDY

Student name: \_\_\_\_\_

## BEFORE YOU START

### Are you applying in the right place?

Before you fill out this form, read the descriptions on the next page to determine your student category and province or territory of residence for Canada Student Loan purposes.

### Are you applying on time?

- Apply as early as you can and provide the required documents with your application whenever possible;
- Deadline to receive your application and supporting documents is 6-8 weeks before the end date of your classes for this academic year.

### Have you applied for a loan in a previous year?

Please ensure that you are not expected to make payments on your loan while you are in school full-time, please notify the National Student Loan Service Centre (NSLSC) at 888-815-4514 or complete a Schedule 2 found on the National Student Loan Services Center website.

**\*IMPORTANT NOTICE:** If you have a restriction from another jurisdiction, it may affect your eligibility to receive Canada Student Loan funding.

## 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](http://www.yukonstudentaid.com)

## CONTACT INFORMATION

If you have questions, contact the Student Financial Assistance office by email at [sfa@gov.yk.ca](mailto:sfa@gov.yk.ca) or by telephone at 867-667-5929, or toll-free in Yukon at 1-800-661-0408. Fax: 867-667-8555

**Collection and use of information:** We are collecting this personal information to determine and verify the applicant's eligibility for financial assistance in accordance with the *Student Financial Assistance Act* (Yukon) the *Canada Student Loans Act* and the *Canada Student Financial Assistance Act*. 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, please contact the Student Financial Assistance Office at 867-667-5929 or the Department of Education's ATIPP Coordinator at 867-667-8326.

**Before filling out this application form, read each of the following descriptions. Select the student category that applies to you.**

<b>STUDENT CATEGORIES</b>	
<input type="checkbox"/> <b>Dependent student</b>	<p>You are a dependent student if you meet ALL of the following criteria:</p> <ul style="list-style-type: none"> <li>• You are pursuing post-secondary education within four years of leaving high school or you have never been in the labour force full-time for two 12-month periods or more, <i>and</i></li> <li>• You have never been married or in a common-law relationship, <i>and</i></li> <li>• You have never been a single parent with legal custody and financial responsibility for supporting a child.</li> </ul> <p>Dependent students apply for a Canada Student Loan in the territory or province where the student's family has most recently maintained a family home for at least 12 months in a row. If a student's parents are separated or divorced, the province or territory of residence is that of the parent with whom the student normally lives. If the student lives with neither parent, the province of residence is that of the parent who supports the student financially.</p>
<input type="checkbox"/> <b>Independent student</b>	<p>You are an independent student if you meet one of the following criteria:</p> <ul style="list-style-type: none"> <li>• You have been out of high school for four years or</li> <li>• You have been in the labour force full-time for at least two 12-month periods, or</li> <li>• You have no parent, guardian or other supporting relative, due to death or disappearance, or</li> <li>• Your marriage or common-law relationship has ended, or</li> <li>• You were a single parent and your child(ren) are no longer in your care</li> </ul> <p>As an independent student you must apply for a Canada Student Loan in the territory or province where you have lived most recently for 12 consecutive months, not counting any time spent in full-time post-secondary studies.</p>
<input type="checkbox"/> <b>Married/ common-law student</b>	<p>You are a married/common-law student if you meet one of the following criteria:</p> <ul style="list-style-type: none"> <li>• You are legally married, or</li> <li>• You have been living in a conjugal relationship for at least 12 months</li> </ul> <p>As a married/common-law student you must apply in the territory or province where you last lived for at least 12 months in a row before the start date of your classes, not counting any time spent in full-time post-secondary studies. If your partner lives and/or works in a province or territory other than Yukon, you will need to apply for funding through that jurisdiction.</p>
<input type="checkbox"/> <b>Single parent student</b>	<p>You are a single parent student if you meet the following criteria:</p> <ul style="list-style-type: none"> <li>• You have legal and physical custody and responsibility for supporting a child</li> <li>• You are not currently married or in a common-law relationship</li> </ul> <p>As a single parent student you must apply for a Canada Student Loan in the territory or province where you have lived most recently for 12 consecutive months, not counting any time spent in full-time studies.</p>

**SECTION 1 – PERSONAL INFORMATION**

Last name	First name
Middle name(s)	Previous last name (if applicable)
Social Insurance Number	Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married/common-law <input type="checkbox"/> Single parent

**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:

Canadian citizen    Permanent resident (PR)\*    Protected person (PP)\*

\*Please provide our office with a copy of your PR card or PP document

**SECTION 2 – STATISTICAL INFORMATION****Optional – for statistical purposes only**

Do you consider yourself an Indigenous learner, 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, please provide the name of your First Nation:

Are you a current or former Ward of the Crown?    Yes    No

**SECTION 3 – 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"/> Certificate (normally 1-year duration)
Which year of the program are you entering? (i.e. 1 <sup>st</sup> year of a 2, 3 or 4-year program)		<input type="checkbox"/> Diploma (normally 2-year duration)
What is the start date of your classes?    YYYY / MM / DD		<input type="checkbox"/> Undergraduate degree (normally 4-year duration)
What is the end date of your classes?    YYYY / MM / DD		<input type="checkbox"/> Masters/graduate degree
<b>Enter the end date for your current school year, including exam dates.</b>		<input type="checkbox"/> Other _____
Are you taking this program by correspondence or distance education? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**SECTION 4 – OTHER FUNDING**

Will you be applying or have you applied to any of the following agencies? Check all that apply.

- Employment insurance
- Social assistance for educational related expenses
- Scholarships: \_\_\_\_\_
- Other agency or employer – name: \_\_\_\_\_
- I have not/will not be applying for other funding for my education.

**If you will be receiving any other funding including scholarships/awards/fellowships, record the yearly amounts in Section 8.**

If you have been or may be approved for other funding, you must provide a letter of approval indicating how much you will receive. Include information about payments made directly to your institution for tuition, books and residence costs, etc, if applicable.

Attached     On its way

## SECTION 5 – CANADA STUDENT LOAN INFORMATION

### Select your category

I confirm that I meet the criteria of one of the descriptions on page 2 – select only one:

- Dependent student:** you must provide a completed Schedule C – Parent Declaration (page 10)
- Independent student:** Where have you last resided for 12 months in a row (not including full-time post-secondary studies) prior to your classes starting on this application? Province/territory: \_\_\_\_\_
- Married/common-law student:** you must provide a completed Schedule B – Spouse or Partner Declaration (page 9) Where was your spouse last residing for 12 months in a row while not in full-time post-secondary studies prior to your classes starting on this application? Province/territory: \_\_\_\_\_
- Single parent student:** Where have you last resided for 12 months in a row not in full-time post-secondary studies prior to your classes starting on this application? Province/territory: \_\_\_\_\_

### Information regarding previous loans

- Have you previously received a Canada Student Loan?  Yes  No
- If yes, from which province or territory: \_\_\_\_\_
- If yes, provide the following document **from your last full-time loan year:**
- A copy of transcript of marks  Attached  On its way

### Funding options (select one)

- Maximum loan amount (max \$210.00/week of program) which includes consideration for Canada Student Grants
- I would like to borrow \$\_\_\_\_\_.00 which includes consideration for Canada Student Grants
- Canada Student Grants only (I don't want to apply for the loan portion)

### The following supporting documents are required:

- A copy of your 2018 income tax summary  
(Only required for independent, married/common-law, and single parent students.)  Attached  On its way  N/A
- Your spouse's 2018 income tax summary  
(Only required for married/common-law students.)  Attached  On its way  N/A
- Your parent(s) 2018 income tax summary  
(Only required for dependent students.)  Attached  On its way  N/A

Date you left high school: YYYY/MM

Date your spouse left high school (if applicable): YYYY/MM

**NOTE:** If you withdraw from full-time studies or drop to part-time within 30 days of your start date in each academic term/semester or have provided incomplete information and it was determined upon reassessment that you were not eligible to receive the Canada Student Grant(s), your grant(s) may be converted to a loan.

### Are you a student with a permanent disability?

If yes, you may wish to apply for a Grant for Students with Permanent Disabilities. This application is available online at [www.yukonstudentaid.com](http://www.yukonstudentaid.com) or through our Student Financial Assistance Office at [sfa@gov.yk.ca](mailto:sfa@gov.yk.ca).

For more information regarding the Canada Student Loan and Grant programs please visit our website at: [www.yukonstudentaid.com](http://www.yukonstudentaid.com).

## SECTION 6 – ACCOMODATION

**Pre-study period** (usually the 4-month period prior to the month that your classes start)

### Where do you or did you live during your PRE-STUDY PERIOD?

I am/was living at my parents' home. I will pay/paid \$ \_\_\_\_\_ rent per month to my parents and can provide receipts if required.

I am/was living on my own. Do you own your own home?  Yes  No

Indicate in which city and province you are/were residing during your pre-study period.

City: \_\_\_\_\_ Territory/province: \_\_\_\_\_

Is your home within a zone that is covered by a bus service?  Yes  No

If no, how far is it between your home and place of employment/school? \_\_\_\_\_ km one way

### Study period

### Where will you live during your STUDY PERIOD?

I will be/am living at my parents' home. I will pay/paid \$ \_\_\_\_\_ rent per month to my parents and can provide receipts if required.

I will be/am living on my own. Do you own your own home?  Yes  No

Indicate in which city and province you will be/are residing during your study period.

City: \_\_\_\_\_ Territory/province: \_\_\_\_\_

Is your home within a zone that is covered by a bus service?  Yes  No

If no, how far is it between your home and school? \_\_\_\_\_ km one way

## SECTION 7 – PRE-STUDY AND STUDY PERIOD EXPENSES

**For each category, enter the estimated or actual costs that you will incur during your pre-study and study periods.** (To determine your pre-study period please see Section 6.)

Allowable expenses	Pre-study period CDN \$	Study period CDN \$
Tuition and compulsory fees (include even if someone else is paying on your behalf). Do not include residence fees	X	(actual amount)
Books and supplies (e.g. books, pencils, pens, photocopy services, etc.)	X	(actual amount)
Computer costs (hardware, software, and supplies)	X	(actual amount)
Child support payments (you may be required to provide supporting documentation)	X	(per month)
Alimony support payments (you may be required to provide supporting documentation)	X	(per month)
Daycare costs (enter the full cost <b>before</b> any subsidy amount you are eligible for)	X	(per month)
Care costs for dependant(s) with disabilities or other dependent children aged below 12 years. Provide supporting documentation from a doctor confirming the need for care: <input type="checkbox"/> Attached <input type="checkbox"/> On its way	X	(per month)
Part-time tuition fees, books and supplies	(actual amount)	X
Medical/dental/optical (out of pocket costs greater than covered under any insurance plan). Specify your medical/dental/optical costs: _____	X	(per month)
Canada Student Loan payments – spouse only (full-time or part-time):	X	(per month)
Other expenses**	X	
Other expenses**	X	

\*\*Do not include payments such as rent, vehicle, insurance, groceries, cellphone, visa, etc. These costs are either pre-calculated or are ineligible.

## SECTION 8 – STUDY PERIOD INCOME

For the categories below, enter the total income that you received or expect to receive during the study period.

Type of income	Study period \$ per month
Canada Employment Training Allowance	
Childcare subsidy/bursary because I am a fulltime student	
Employment insurance	
Room and board provided by an employer	
Scholarship/bursaries/fellowships/etc. (amount for this academic year only)	X
Specify:	
Specify:	
Specify:	
Social assistance for education-related costs	
Other government non-repayable grants/bursaries, etc. Specify:	
Other income – specify:	

## SECTION 9 – DEPENDANTS

If you do not have any dependants, go to Section 9. If more than 3 dependants, attach another sheet.

A dependant is someone who is 17 years or younger and is wholly dependent on you or your spouse for support, and for whom you or your spouse has, in law or in fact, custody and control.

Names of dependant(s) Last name, first name	Date of birth	Relationship to you	Lives with you?		Shared custody?		% of shared custody	Attending post-secondary?	
			Yes	No	Yes	No		Yes	No
	YYYY/MM/DD		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	YYYY/MM/DD		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	YYYY/MM/DD		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

You must provide copies of your dependant(s)' birth certificate(s).  Attached  On its way  Previously submitted



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 be able 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 Canada Student Loans Act, the Canada Student Financial Assistance Act and respective regulations for the purpose of administering territorial, federal or other student loan and grant programs.

- 1. I hereby authorize Employment and Social Development Canada and other government departments to release information to the Student Financial Assistance officer about my Employment Insurance claim, employment-related issues and/or training-related income support that I may be receiving.
2. I hereby authorize Student Financial Assistance, other sponsoring agencies, government departments, institutions and employers, to release and gather personal and financial information as needed to process and audit this application.
3. I hereby authorize the Student Financial Assistance office of the Government of Yukon to obtain information about my credit history, including a complete report, from a consumer-reporting agency or financial institution for the purpose of determining whether I am eligible for a Canada Student Loan.
4. I confirm that Canada may directly remit all or a portion of my financial assistance to my educational institution, where my educational institution requests the payment of my academic fees.
5. I will use any financial assistance to pay my academic fees first; then I will pay other educational and living costs associated with my program of studies.
6. I understand that it is my responsibility to provide accurate personal and financial information on this application form. If the information I provide is inaccurate this may result in an over-award, which will be recovered from future loans.
7. [ ] Yes By checking this box, I consent to Student Financial Assistance disclosing my contact information to STEP and Grad Corps program administrators, who may contact me with information on further employment and funding opportunities.

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: \_\_\_\_\_ Date: YYYY/MM/DD
Print name: \_\_\_\_\_

NOTE: It is your responsibility to contact the National Canada Student Loans Service Centre at 1-888-815-4514 to keep your address up-to-date and to make arrangements for repayment within 6 months of completion of your program or if you cease to be a full-time student.



**SPOUSE OR PARTNER INFORMATION AND DECLARATION**

Applicant's (student's) name: \_\_\_\_\_

Your name: \_\_\_\_\_ Social Insurance Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Prior to your spouse starting school for this current academic year, what province/territory did you live in for 12 consecutive months? \_\_\_\_\_

*Note: If you live and work in a province or territory other than Yukon for the last 12 consecutive months, your spouse (the applicant) will be required to apply in the province/territory where you work.*

**STUDY PERIOD INFORMATION**

In which territory or province will you be living during your spouse's study period? \_\_\_\_\_

During your spouse's study period, select your status:

- Employed
- Employment insurance
- Social assistance
- Full-time post-secondary student: Start date: YYYY/MM/DD End date: YYYY/MM/DD
- Receiving federal/provincial or territorial permanent disability benefits

Have you or will you be applying for a Canada Student Loan?  Yes  No

If yes, which province or territory are you applying through? \_\_\_\_\_

Have you or will you be making Canada Student Loan payments towards your own loan?  Yes  No

If yes, how much per month? \$ \_\_\_\_\_

I declare that the information submitted in this form is correct to the best of my knowledge. I make this declaration knowing that it is an offence under the *Canada Student Loans Act* to knowingly make any false statement or misrepresentation in this application or other documents or to willfully furnish any false or misleading information.

I declare that the designated authority for the Yukon Territory has my authorization to obtain, as required, any information relating to my income, and hereby consent to the release of information in support of this application.

I agree that information pertaining to this application may be shared with other funding agencies.

Signature of spouse: \_\_\_\_\_

Date: YYYY/MM/DD

**PARENT/LEGAL GUARDIAN INFORMATION & DECLARATION**

**Applicant's (student's) name:** \_\_\_\_\_

Is Yukon the most recent province or territory in which you, the parent or guardian of the applicant, have lived and maintained a family home for at least 12 months in a row?  Yes  No

<b>Parent/guardian A</b>	
SIN _____	Last name: _____ First name: _____
Physical address: _____	
City: _____	Prov/terr: _____
Postal code: _____	Telephone: _____
Relationship to applicant: _____ (e.g. mother, father, legal guardian, etc.)	
Provide a copy of your 2018 Income Tax Summary or Revenue Canada Tax Assessment <input type="checkbox"/> Attached <input type="checkbox"/> On way	
<b>Parent/guardian B</b> – Refers to a person married to or living with, for a period of twelve months or longer at the date of this application, the person listed as parent/guardian A.	
SIN _____	Last name: _____ First name: _____
Relationship to applicant: _____ (e.g. mother, father, legal guardian, etc.)	
Provide a copy of your 2018 Income Tax Summary or Revenue Canada Tax Assessment <input type="checkbox"/> Attached <input type="checkbox"/> On way	

**Dependent children**

A dependent child is defined as a child (including an adopted child, step-child or foster child) who is 17 years or younger and is wholly dependent on you or your spouse for support, and over whom you or your spouse has, in law or in fact, custody and control; or, a child who is in full-time attendance at a post-secondary institution and meets the definition of a Dependent Student found at [www.education.gov.yk.ca/continued/student\\_loans.html](http://www.education.gov.yk.ca/continued/student_loans.html). If more than 3 dependants attach another sheet.

Applicant and other dependant(s) (last name, first name)	Date of birth	Relationship to you	Resides with you?		Shared custody?		Attending full-time post-secondary?	
			Yes	No	Yes	No	Yes	No
_____	YYYY/MM/DD	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	YYYY/MM/DD	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	YYYY/MM/DD	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I/We declare that the information that I/we provided on this form is correct to the best of my/our knowledge. I/We make this declaration knowing that it is an offence under the *Canada Student Loans Act* to knowingly make any false statements or misrepresentation in an application or other documents, or to willfully furnish false or misleading information.

I/We declare that the designated authority for the Yukon Territory has my/our authorization to obtain, as required, any information relating to the information provided above, and hereby consent to the release of information in support of this application.

I agree that information pertaining to this application may be shared with other funding agencies.

I/We also understand that signing this form verifies that the information provided is accurate and that I am/we are not co-signing a loan on behalf of the applicant.

Signature of parent/guardian A: \_\_\_\_\_

Date: YYYY/MM/DD

Signature of parent/guardian B: \_\_\_\_\_

Date: YYYY/MM/DD

We are collecting this personal information to determine and verify the applicant's eligibility for financial assistance in accordance with the *Student Financial Assistance Act* (Yukon) the *Canada Student Loans Act* and the *Canada Student Financial Assistance Act*. The collection, use and disclosure of your personal information is carried out 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, please contact the Student Financial Assistance Office at 867-667-5929.

## 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](http://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;
- submit a letter of explanation if you do not plan to, or cannot, return home at least once per year during your studies, excluding vacation;
- upon return to Yukon please 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 please 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