



Yellowknives Dene First Nation

Education Bursary Program Application

Yellowknives Dene First Nation (YKDFN) Education Bursary Program is now accepting applications for the current school year. Open to YKDFN Beneficiaries who are enrolled as full-time students in a recognized accredited post-secondary institution.

The program was established by YKDFN Chiefs and Council with financial contribution from Diavik Diamond Mines Inc. (DDMI) to support and encourage beneficiaries to continue their education and pursue academic excellence. The assistances amounts are disbursed depending on students chosen institutions and must physically live where institution is located and attending. We recommend applying early as possible before starting year of study. Incomplete applications and missing documentation will delay your request for assistance.

Application deadlines: Fall Term-July 31 Winter Term-November 30

Criteria Guidelines:

- Open to Yellowknives Dene First Nation Members with permanent residency of the Northwest Territories; must provide proof by:
 - a) Photocopy of Treaty Status Card is required,
 - b) Photocopy of NWT Health Care Card;
 - c) Photocopy of General Identification Card; or photocopy of Driver's License.
- Must fill out an Education Bursary Program Application;
- Must fill out the Consent to Disclose Personal Information to YKDFN Form;
- Must fill out the Confirmation of Student Enrollment Form;
- Must fill out the Student Bank Information form;
- Must submit a cover letter to YKDFN Chiefs and Council;
- Must provide copies of Acceptance Letter or a letter from registrar confirming enrolment in a full study program;
- Must be enrolled in a recognized post-secondary institution in a full-study program;
- Must maintain a grade point average (GPA) of 2.0;
- Must provide transcripts for each semester finished;
 - a) First time students must provide past transcripts, if applicable,
- Must return to Northwest Territories during summer breaks.

Be advised, students with a GPA lower than 2.0 will automatically be suspended from receiving the education assistance and will need to improve grades to be eligible for their next enrollment of schooling.

Ineligible applicants:

- YKDFN members who have made their permanent residence outside NWT,
- YKDFN members who are enrolled in an adult/academic upgrading program;
- YKDFN members who are taking college and/or university correspondence or on-line courses.
- Previous recipients of the YKDFN Bursary Program who have not completed/withdrew/or failed their studies and neglected to notify YKDFN.

For more information or to submit an application, please contact:

Grace Martin
HR Liaison Coordinator
Yellowknives Dene First Nation

Tel. 867-873-4307 Ext. 229
E-mail: hr@ykdene.com



Yellowknives Dene First Nation Education Bursary Program Application

Date Received: _____

APPLICANT INFORMATION (All areas must be completed)

Last Name	First Name	Middle Name(s)	
Permanent Residential & Mailing Address	Community/City	Terr./Pro.	Postal Code
Temporary Address (while at school)	Community/City	Terr./Pro.	Postal Code
Phone/Cell Number	E-mail		
Date of Birth (M/D/Y)	Social Insurance Number	YKDFN Treaty Registration Number	

INSTITUTE & PROGRAM INFORMATION (Must provide proof of enrolment; copy of acceptance letter or letter from registrar)

Name of Institution			
Street/Mailing Address	Community/City	Terr./Pro.	Postal Code
Program			
Year Of Study Entering: Year _____ of a _____ year program	Working Towards: <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Other:		
Start Date (M/D/Y)	End Date (M/D/Y)	Type of Study <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Source of financial assistance for tuition, fees, books, supplies, living allowances, etc.			
What type of employment/career are you interested in?			

The information I, the Applicant, have provided is true and complete to the best of my knowledge, and understand it may be subject to verification.

Applicant Signature: _____ Date: _____

YKDFN HR DIVISION USE ONLY		
Comments:		
Date Reviewed:	Review Prepared By:	Based on review, application is: <input type="checkbox"/> Approved <input type="checkbox"/> Denied

YKDFN Authorized Signature: _____ Date: _____

Submit Completed Forms To: YKDFN Attn: Human Resources Division
PO Box 2514, Yellowknife, NT X1A 2P8

Fax: (867) 873-5969
E-mail: hr@ykdene.com



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Tel. (867) 873-4307 Fax (867) 873-5969

CONSENT TO DISCLOSE PERSONAL INFORMATION TO YELLOWKNIVES DENE FIRST NATION HUMAN RESOURCES DIVISION

STUDENT INFORMATION

Last Name	First Name	Middle Name(s)	
Permanent Street/Mailing Address	Community/City	Terr/Pro.	Postal Code
Date of Birth (M/D/Y)	Social Insurance Number	E-mail	

In the Northwest Territories I, the above Applicant, do hereby consent to disclose and make use of my personal information with regard to my work history, training background and/or funding/sponsorship information only for the purpose of determining my eligibility for Full-Time Student Educations Assistance for entry to:

Institution			
Street/Mailing Address	Community/City	Terr/Pro.	Postal Code
Program			

I agree that the information may be disclosed between the Yellowknives Dene First Nation Human Resources Division and the Post-secondary Institute/Organization/Persons named below for the sole purpose of determining my eligibility for YKDFN Educational Assistance Program for the above named full-time study programs, and for determining my student financial needs in regard to this training course/program.

Human Resources Development Canada may disclose:

- Information regarding my claim for employment benefits
- Information regarding my application for HRDC Sponsorship
- Past training sponsorship/outcomes

GNWT Education, Culture, and Employment may disclose:

- Information on my application for Student Financial Assistance
- Information regarding past training sponsorship/outcomes

GNWT Education, Culture, and Employment:

- Information on my Income Support Benefits

Post-secondary Institute/Trade School: (Specify) may disclose: _____

- Information on my transcripts/documents on program
- Information on past training sponsorship/outcomes

Other Organization/Institute/Persons: (Specify) may disclose: _____

- Information regarding (Specify): _____

I further understand that this information will be kept confidential and any information received will be kept in a secure fashion and will not be released to any other person/organization or agency for any purposes.

Applicant Signature: _____

Date: _____

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CONFIRMATION OF STUDENT ENROLLMENT

Must be completed up to one calendar month prior to the start of each term/semester

STUDENT INFORMATION

Last Name		First Name		Student ID No.	
<u>Permanent</u> Residential & Mailing Address		Community/City		Terr/Pro.	Postal Code
<u>Temporary</u> Address (while at school)		Community/City		Terr/Pro.	Postal Code
Phone Number	Cell Number	E-mail			

I, the above Student, hereby consent to disclose my student information to the Yellowknives Dene First Nation (YKDFN) for the sole purpose of determining my eligibility to the YKDFN Education Assistance Program.

Student Signature: _____ Date: _____

TO BE COMPLETED BY THE REGISTRAR OF EDUCATIONAL INSTITUTION CONFIRMING ENROLLMENT FOR ABOVE STUDENT

Institution:		
Program:		
Program is a: <input type="checkbox"/> Post-Secondary Program <input type="checkbox"/> Upgrading Program <input type="checkbox"/> Distance Learning <input type="checkbox"/> Other:		
Working Towards: <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Other:		
Start Date (M/D/Y):	End Date (M/D/Y):	Total Courses Registered in:
Year Of Study Entering: Year _____ of a _____ year program	Registered in Term(s): <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Studying: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time

Education Institution Registrar Signature:

Print Registrar Name: X _____	Registrar Signature: X _____	Date (M/D/Y): X _____
Telephone:	Fax:	E-mail:

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Date Received:

STUDENT BANK DEPOSIT AUTHORIZATION

STUDENT INFORMATION:

Last Name	First Name	Middle Name(s)	
<u>Permanent</u> Residential & Mailing Address	Community/City	Terr./Pro.	Postal Code
Phone/Cell Number	E-mail		

BANK DEPOSIT INFORMATION

Bank Institution	Community/City	
Transit Number (5 Digits)	Institution Number (3 Digits)	Account Number (7 Digits)

I hereby authorize Yellowknives Dene First Nation (YKDFN) Finance Department to deposit monthly cheques into the bank account indicated above and is to remain active until I give written notice to terminate bank deposits.

I also accept full responsibility to notify YKDFN Finance Department of any changes to my bank account information. In the event, a deposit has been rejected at no fault of YKDFN, all transactions/bank fees will be my responsibility and will be deducted from future payments.

Student Signature: _____ Date: _____

Place blank voided cheque here or attach authorized bank deposit form