



Yellowknives Dene First Nation – Education Bursary Program

PO Box 2514, Yellowknife, NT, X1A 2P8 Tel: (867) 873-4307 Fax (867) 873-5969 E-mail hr@ykdene.com

Education Bursary Program Application

The Yellowknives Dene First Nation Chiefs and Council, with financial contribution from Diavik Diamond Mines Inc., established the YKDFN Education Bursary Program to encourage and support beneficiaries pursuing post-secondary education. The YKDFN Education Bursary Program is a monthly disbursement to be used for educational purposes.

Eligibility Criteria:

1. Open to YKDFN Members with permanent Northwest Territories residency,
2. Must be attending a recognized, accredited post-secondary educational institution:
 - a. Enroll for the duration of the school year applying for,
 - b. Enroll minimum or exceed three courses to be declared a full-time student per term,
 - c. Maintain or exceed the minimum 2.0 Grade Point Average (GPA) per term.
3. Return to Northwest Territories during prolonged school breaks.

Ineligible Applicants:

1. YKDFN members who have made their permanent residence outside NWT,
2. YKDFN members who are enrolled in an adult/academic upgrading program,
3. YKDFN members who are taking college and/or university distance learning/online courses,
4. Recipients with a GPA lower than 2.0 will be automatically suspended from receiving YKDFN Education Bursary and must improve grades to be eligible for next enrollment of schooling,
5. Previous YKDFN Bursary Program recipients who have not completed/withdrew/or failed their studies and neglected to notify YKDFN.

Application Requirements and Checklist:		✓
1) Fully complete application, <u>all sections</u> and electronically signature <u>will not</u> be accepted on application, Confirmation of Enrollment form, have the Education Institution fill out the bottom form, electronically signature <u>will not</u> be accepted		
2) Provide Copy of Acceptance Letter from Education Institution		
3) Provide Copy of registration list of enrolled courses from Education Institution		
4) Provide Official Transcripts (currently dated) from last attended educational institution		
5) Provide photocopy of NWT Healthcare Card (not expired)		
6) Provide photo ID: Certificate of Indian Status Card, NWT Health Care Card (not expired)		
7) NWT General Identification Card or Drivers Licence (not expired)		
8) Attached forms and a cheque marked "VOID" or printout from your Financial Institution		
9) Any approved post-secondary student financial Support Funding letter		

Must Apply Deadline Date:		
Your Academic year begins:	August 1-January 31	February 1-July 31
Your application deadline is:	Fall/Winter term: July 31	Spring/Summer Term: January 31

Apply early before starting the school year. Please send fully completed application with all requirements in one file as missing information or requirements will delay processing.

For more information & Submit Completed Forms To:

YKDFN Attn: Human Resources Division

E-mail: hr@ykdene.com

Fax: (867) 873-5969

Updated Feb 2026



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Date Received:

SECTION 1 - APPLICANT INFORMATION: (ALL FIELDS MUST BE COMPLETED)

Last Name: (including previous)		First Name:		Middle Name(s):	
Permanent Residential/Mailing Address:			Community/City, Terr./Prov.:		Postal Code:
Present Residential/Mailing Address while at school:			Community/City, Terr./Prov.:		Postal Code:
Direct Contact Phone Numbers(s):			E-mail Address:		
Date of Birth (M/D/Y):	Gender:	Social Insurance Number		Treaty Registration Number:	

SECTION 2 - PREVIOUS EDUCATIONAL INSTITUTION ATTENDED: (ALL FIELDS MUST BE COMPLETED)

Educational Institution:		Program:			
Start Date: (M/D/Y)	End Date: (M/D/Y)	Program Year: (i.e. 1 of 2)		Total Courses Completed:	
Fall GPA:	Winter GPA:	Spring/Summer GPA:		Transcript attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 3 - CURRENT EDUCATIONAL INSTITUTION ATTENDING: (ALL FIELDS MUST BE COMPLETED)

Educational Institution:		Program:			
Start Date: (M/D/Y)	End Date: (M/D/Y)	Program Year: (i.e. 1 of 2)		Courses Registered: (Attach list)	
What Term(s) do you plan on registering: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring/Summer		Program Designation Leads To: (i.e. Certificate, Diploma, Degree, etc.)			

What job or career field are you studying for? What are the education requirements?

SECTION 4 - EDUCATION INFORMATION: (ALL FIELDS MUST BE COMPLETED)

Source of post-secondary student financial support for tuition, fees, books, supplies, living allowances, etc. <input type="checkbox"/> NWT Student Financial Assistance <input type="checkbox"/> Other, please specify:

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

Review Prepared by Human Resources Division:	Date Reviewed:
Comments:	Based on review, application is: <input type="checkbox"/> Approved <input type="checkbox"/> Denied

YKDFN Authorized Signature: _____ Date: _____



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APPLICANT DECLARATION & CONSENT

SECTION 5 - APPLICANT INFORMATION: (ALL FIELDS MUST BE COMPLETED)		
Last Name:	First Name	Middle Name(s)

1. I declare that:

- a. The information given on this YKDFN Education Bursary Application and in documents submitted in support of this application is true.

2. I agree to:

- a. Follow the terms and conditions of YKDFN Education Bursary program and any documents that I have signed.
- b. Maintain or exceed the minimum 2.0 Grade Point Average (GPA) per term,
- c. Enroll minimum or exceed three courses to be declared a full-time student per term,
- d. To submit transcripts at the end of each term completed,
- e. **Immediately notify YKDFN in writing of any changes to my personal information, educational program, withdrawal from the Educational Institution named in this application. Failure to comply will result in bursary suspension.**

3. I understand that:

- a. I may have to immediately return any funds received in prior, current, or future years if there were/are changes to my personal information and education program.
- b. If I make a false or misleading statement, I may be required to immediately repay all bursary received and/or be denied future bursary. I may also be subject to criminal prosecution.
- c. If I have an outstanding debt with the YKDFN, I may be denied bursary, or that debt may be deducted in part or whole, from my bursary.
- d. Submitted information will be the property of YKDFN kept confidential in a secure fashion stored with human resources files and database to be shared with other YKDFN Education Programs and will not be released to any persons/organizations/agencies outside YKDFN.
- e. YKDFN will contact other agencies to verify the information I have provided as part of determining my initial and continued eligibility for YKDFN Education Bursary Program and to detect fraud. These agencies may include but are not limited to the following: other YKDFN departments, federal, territorial, municipal or Indigenous governments including Employment and Social Development Canada, Record of Employment, Employment Insurance Benefits, Indigenous Agencies, Educational Institutions, Employers.
- f. This authorization is valid for the YKDFN program for three years and if I wish to withdraw this consent, I may do so at any time by writing to the YKDFN HR Manager.

4. I consent to:

- a. The release of personal and school information to the YKDFN by those agencies listed in 3.e. above to verify any personal information provided to determine my initial and continued eligibility to YKDFN Education Bursary Program and my information to be entered into the YKDFN human resources files and database.
- b. Disclose my name, photo, educational institution attended, field of study, and year of study to promote and advertise the YKDFN Education Programs if granted a recipient.

By signing, I have read and accept the above outlined conditions.

Applicant Signature: _____

Date: _____



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CONFIRMATION OF ENROLLMENT

Must be completed up to one calendar month prior to the start of each term/semester. If form is not properly filled out, it will be returned to the Student.

STUDENT INFORMATION: (ALL FIELDS MUST BE COMPLETED)		
Last Name	First Name	Student ID No.
Student ID No.	Date of Birth (M/D/Y)	Social Insurance Number

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

Student Signature: _____

Date: _____

TO BE COMPLETED BY EDUCATIONAL INSTITUTION ONLY

This form is used to confirm enrollment for above student and must be signed by an official from the Educational Institution. Please return completed form to YKDFN either by email hr@ykdene.com or fax 867-873-5969.

STUDENT ENROLLMENT: (ALL FIELDS MUST BE COMPLETED)			
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:			
Program will currently lead to: (check one) <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Other:			
Studying: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Program Year: (i.e. 1 of 2)	Courses Required to Complete:	Total Courses Registered:
Registered in Term(s): <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Start Date: (M/D/Y)	End Date: (M/D/Y)	

SIGNATURE OF OFFICIAL		
Stamp if applicable:	Name of School Official:	
	Title of School Official:	
	E-mail:	Telephone:
	Signature:	Date Completed: (M/D/Y)



DIRECT DEPOSIT AUTHORIZATION FORM

1. STUDENT INFORMATION:

Last Name	First Name	Middle Name(s)	
Mailing/Street Address	Community/City	Terr./Pro.	Postal Code
YKDFN Education Bursary Program: Education Institution		YKDFN Education Bursary Program: Education Program	
Personal Email for direct deposit			

2. BANK INFORMATION:

Bank Institution	Community/City
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One of the following must be attached to this form:

- Direct deposit information printout from your financial Institution
- Cheque marked "VOID"

I, hereby authorize Yellowknives Dene First Nation (YKDFN) Finance Department to deposit funds into the bank account indicated above and is to remain active for direct deposit until I completed program, or withdrew Program or not meet the minimum 2.0 Grade Point Average. (GPA)

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.

Student

Signature: _____ Date: _____

Place blank voided cheque here

Please return completed form with attached cheque with Education Bursary Application