



**BURSARY APPLICATION**

Date Received: \_\_\_\_\_

**1. PERSONAL INFORMATION**

Name:		Date of Birth:	
Beneficiary #		SIN #	
<input type="checkbox"/> Gwich'in	<input type="checkbox"/> Dene	<input type="checkbox"/> Métis	<input type="checkbox"/> Inuit <input type="checkbox"/> Other:
Home mail address (permanent): PO Box:			
Community:		Territory/Province:	Postal Code:
Phone #:	Fax #:	E-mail:	
School mail address (while attending school):			
City/Community:		Province/Territory:	Postal Code:
Phone #:	Fax #:	School E-mail:	
Dependant		Date of Birth	Relationship to You

**GTC EDUCATION & TRAINING FINANCIAL ASSISTANCE**

Have you received GTC Education & Training Financial Assistance before?		<input type="checkbox"/> No	<input type="checkbox"/> Yes ↗
Institution:		Program:	
From:	To:	Funding Received:	

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Institution:		Program:	
From:	To:	Funding Received:	

## 2. INSTITUTION AND PROGRAM APPLIED FOR

Institution:		
Program:		
Location:	<input type="checkbox"/> Accepted	<input type="checkbox"/> Confirmation Pending
<input type="checkbox"/> Licence	<input type="checkbox"/> Certificate	<input type="checkbox"/> Diploma <input type="checkbox"/> Degree
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
Course Begins:	Course Ends:	Year __ of Study of __-Year Program
Contact Official:	Title:	
Ph:	Fax:	E-mail:

## 3. CAREER PLAN

What is your career objective?
How will the training enhance your employment opportunities or improve your current employment skills?
How long will it take to achieve your career objective (include all training and work experience)?
What have you done to achieve your career objective (include school courses, training received, work experience)?

## 4. PAYMENTS AND FINANCIAL TRANSACTION

<input type="checkbox"/> Forward payments to my mail address		
Financial Institution:		
Mailing address:		
Community:	Territory/Province:	Postal Code:
Institution #	Branch #	Account #
Names(s) of Account Holder(s):		

**NOTE:** We cannot accept Credit Card accounts or Line of Credit accounts

**NOTE:** Bursary cheques will not be deposited.



## 5. DECLARATION and CONSENT

*I declare that the information provided in this application is complete and accurate to the best of my knowledge. I understand that any false statement or information may result in the termination of funds received.*

*I authorize GTC Education & Training Programs to request information and documentation from any educational institution regarding my academic attendance, progress and official transcripts. I consent to the sharing of information from any government agency regarding employment status and revenue earned or collected by me or by my spouse.*

*I understand that the applicable information collected is required under the Gwich'in Tribal Council Education & Training Programs.*

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Signature

Date

### CONTACT / MAIL:

Education & Training Programs  
Attn: Administrative Assistant  
Gwich'in Services  
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