



## APPLICATION

# VGFN Post-Secondary Education Financial Assistance

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## Part 1 . Overview

This application is for student financial assistance under the updated Post-Secondary Education Financial Assistance Policy (the 'Policy') with the Vuntut Gwitchin First Nation (VGFN). The Policy was approved by Council and came into effect on June 11, 2025.

If you have any questions, or if you would like assistance filling out this application form, please contact Abigail Tsetso, Administrative Assistant, at [abigail.tsetso@vgfn.ca](mailto:abigail.tsetso@vgfn.ca) or (867) 966-3261, ext. 223. VGFN is here to support you on your education journey!

If you have completed your application form but are still waiting to receive one of your supporting documents, please submit the application and let us know the supporting document(s) is on its way. Once complete, submit your application and supporting documents by email, regular mail or in person.

### Email:

Department of Education  
[education@vgfn.ca](mailto:education@vgfn.ca)

### Regular Mail:

Department of Education  
Vuntut Gwitchin First Nation  
PO Box 94, Old Crow, Yukon  
Canada Y0B 1N0

### In Person:

VGFN Main Reception  
Sarah Abel-Chitze  
Administration Building  
Old Crow, Yukon, Canada

**The application deadline is 4 pm Yukon Time on July 15, 2025.** If sent by mail, your application must be postmarked no later than July 15, 2025.

## Part 2. Student Information

### A. Identification

First Name:

Last Name:

Date of Birth (Month Day, Year):

VGFN Status Number/Beneficiary Number:

### B. Primary Contact Information

Email:

Phone:

Alternate Phone:

Home Address:

Province/Territory:

Postal Code:

School Address:

Province/Territory:

Postal Code:

**NOTE:** If you do not yet know your address for the school year, enter the city/town where you will be living and provide the Department with your address once it is confirmed.

### C. Secondary Contact Information

First Name:

Last Name:

Relationship to Student:

Email Address:

Phone:

Alternate Phone:

Home Address:

Province/Territory:

Postal Code:

### Part 3. Service Providers other than VGFN

Do you receive services and/or financial assistance from a Service Provider other than VGFN?

Service Providers include First Nation, Inuit, Métis, Provincial, Territorial governments, the Government of Canada, and any organization providing services or financial assistance.

Yes      No      If yes, please complete the information below.

#### A. Service Provider 1

Name of Service Provider		
Is the Service Provider an organization or a government?		
Contact Information	Phone:	Email:
Reason for service and/or financial assistance		

#### B. Service Provider 2

Name of Service Provider		
Is the Service Provider an organization or a government?		
Contact Information	Phone:	Email:
Reason for service and/or financial assistance		

### Part 4. Educational Institution

Name of Educational Institution:	Faculty:
Student ID Number:	
<p><b>NOTE:</b> If you do not yet know your student ID, leave the box blank. When you know your student ID, please forward to <a href="mailto:education@vgfn.ca">education@vgfn.ca</a>.</p>	
Address of your Faculty:	
Province/Territory:	Postal Code:

## Part 5. Planned Studies

Name of Program:

Type of Program

High School Equivalency

Certificate College Diploma

Undergraduate (e.g. Bachelor's Degree)

Graduate (Master's or Doctoral Degree, Graduate Diploma or Certificate, Professional Graduate Degree, etc.)

Other. Please specify:

Program Length

1 year

2 years

3 years

4 years

5 or more years

Year and month you began your program:

Upcoming Year of Study (1, 2, etc.):

What is the usual academic year for this program? (e.g. Fall/Winter Sessions):

Other information about program dates/timing (if applicable):

Are you planning to be a full-time or part-time student?

Full-time

Part-time

If you're not planning to study full-time, we'd appreciate hearing more about your decision in the box below. Your input will help the Department of Education understand your situation and explore whether VGFN or another organization might be able to offer support, should you wish to pursue full-time studies in the future.

## Part 6. Career Interests and Goals

Please answer the following questions about your career interests and goals. Please ensure the length of your answers add up to between 250 and 400 words.

What post-secondary program or area of study are you pursuing, and what interests you most about it?

What knowledge and skills do you hope to gain from your post-secondary studies, and how do you think they will help you in the job market?

Are there any specific jobs, organizations, or sectors (private, non-profit, government, self-employment) you are interested in working for after graduation? If so, why?

What life, work and/or volunteer experiences have most influenced your career interests and goals?

Is there anything else you would like to share that is relevant to your career interests and goals?

## Part 7. Student Budget

Please complete the following Student Budget so that you can estimate the total costs of your studies, including living expenses for the upcoming academic year.

**NOTE:** All applicants for financial assistance are required to attend VGFN's Virtual Budgeting Workshop. If you have not attended a workshop, please contact the Department at [education@vgfn.ca](mailto:education@vgfn.ca).

A. Monthly Living Expenses	Amount
Rent/Mortgage	
Utilities (heating, electricity, water)	
Local transportation to and from school (car mileage, bus fees)	
Food and Cleaning Supplies	
Childcare	
Internet	
Phone	
<b>Total Monthly Living Expenses</b>	
<b>B. One-Time Education Expenses</b>	
Tuition and Student Fees for Term of Study	
Books and Supplies for Term of Study	
Travel (two return trips between student's home and Educational Institution)	
<b>Total One-Time Expenses</b>	
Total Monthly Living Expenses multiplied by the number of months studying (include partial months).	
<b>C. Total Expenses</b>	

## Part 8. Declaration and Signature

I acknowledge that I have read and understand the Policy under which I would like to receive financial assistance.

I confirm that I have attended a Virtual Budget Workshop.

I consent to VGFN contacting the service providers listed in Part 2 regarding the services and/or financial assistance I receive from service providers other than VGFN.

I hereby declare that, to the best of my ability, all information provided is complete and true and that any misleading or fraudulent information will disqualify me from obtaining funding under this Policy.

I agree that if I am suspended, released, or do not return for any portion of my program, or if for any unjustified reason, I do not complete my full year; I may be required to reimburse VGFN the full amount of the financial assistance received.

I further understand that if I am suspended or do not return for any portion of my program, or if for any unjustified reason, I do not complete my full year, I may be considered ineligible for further financial assistance from VGFN under this Policy.

\_\_\_\_\_  
*Signature of Student*

\_\_\_\_\_  
Date (Month Day, Year)

\_\_\_\_\_  
*Signature of Parent / Guardian (if the student is under 18)*

\_\_\_\_\_  
Date (Month Day, Year)

## Office Use Only

Date Received (Month Day, Year):

**Comments:**