



A. Student Information:

Name (First, Middle & Last Name): _____		Date of Birth (dd/mm/yy): _____	
Mobile /Cell Phone: _____		Email Address: _____	
Permanent Address: _____		Treaty Status Registration No: _____	
Gender: <input type="checkbox"/> Female or <input type="checkbox"/> Male	Current Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law	Are you a Tłıchq Citizen: <input type="checkbox"/> Yes or <input type="checkbox"/> No	Resident of the Tłıchq Region? <input type="checkbox"/> Yes or <input type="checkbox"/> No

B. Institution and Program Information:

Institution:	Name of Institution	Program:	Program Name
Start Date:	(dd/mm/yy)	End Date:	(dd/mm/yy)
Location:	(Community/ Territory or Province)		
Type of Program:	<input type="checkbox"/> License, <input type="checkbox"/> Certificate, <input type="checkbox"/> Diploma, <input type="checkbox"/> Undergraduate, <input type="checkbox"/> Masters, <input type="checkbox"/> Doctorate		

C. Spouse & Dependant Information:

Will your partner be joining you at school? Yes or No. If YES, provide name below:

Will your dependant(s) be joining you at school? Yes or No. If YES, provide name below:

Name: _____	Date of Birth _____
Name: _____	Date of Birth _____
Name: _____	Date of Birth _____
Name: _____	Date of Birth _____

D. Required Documents:

Checklist: **Documents below are required to process your application.**

<input type="checkbox"/>	Acceptance Letter from Institution / or transcripts if you are a returning student.
<input type="checkbox"/>	Identification cards – Treaty Status Card, Health Care Card & Birth Certificate.
<input type="checkbox"/>	Part 2 – Bank and Direct Deposit Request Form / or your SFA Form E.
<input type="checkbox"/>	Part 3 – Student Enrollment Form / or your SFA Form D. <i>Submit one calendar month prior to the start of each semester you plan to attend.</i>

Please send your POST-SECONDARY Application to post.secondary@tlicho.ca, fax: 867.392.6884 or visit me at the Tłıchq Government Head Office in Behchokò, NT.

Release of Information: APPLICANT DECLARATION and CONSENT

1. I declare that:

- a. The information given on this Our Nation Education (ONE) Student Financial Support Program Application and documents in support of this application is true.
- b. I will immediately notify the ONE program in if my, my spouse's, or my dependent's personal information changes.

2. I agree to:

- a. Use any ONE benefits awarded to me towards the cost of my education and return any ONE refunds or benefits that I am not entitled to.
- b. Provide information or documents to verify my initial and continued eligibility for ONE benefits within 20 days of request.

3. I understand that:

- a. I may have to immediately return any ONE benefits received in prior, current or future years if there were/are changes to my personal information.
- b. If I make a false or misleading statement, I may be required to immediately repay all ONE benefits received and/or be denied future ONE benefits. I may also be subject to criminal prosecution.
- c. If I have an outstanding debt with the Tłıchǝ Ndek'àowo/ Tłıchǝ Government (TG), I may be denied ONE, or that debt may be deducted in part or whole, from my ONE benefits.
- d. My personal information, except for information collected from the Canada Revenue Agency, will be disclosed to TG Enrollment and TG Employment Database.
- e. **ONE will contact other agencies to verify the information** I have provided as part of determining my initial and continued eligibility for the ONE Student Financial Support Program and to detect fraud. These agencies may include but are not limited to the following: GNWT departments (including SFA), federal, territorial or municipal governments including driver and vehicle licensing programs, Human Resource Skills Development including Record of Employment and Employment Insurance, parental and maternity benefits, Canada Revenue Agency and Canada Citizenship and Immigration, Indigenous agencies, housing management bodies, financial institutions, airline and travel agencies, landlords, **educational institutions**, employers and child care providers.
- f. **I consent to the release of** personal information to the ONE program by those agencies listed in **3.e.** above to verify any personal information provided to determine my initial and continued eligibility for ONE. I understand that if I consent to the release of my personal information to third parties, this consent is valid until I advise the ONE program in writing that I withdraw my consent.

4. Signatures

Date consent is effective _____ <small>Date-dd/mm/yyyy</small>	Valid for two (2) years.	
X _____ <small>Applicant's Name – Print Name</small>	_____ <small>Applicant's Signature</small>	_____ <small>Date-dd/mm/yy</small>

Spouse (Mandatory)

- 5. **As the applicant's spouse**, I consent to the release of my personal information to the ONE program by the agencies in section 3.e. above, for the purposes of determining the applicant's initial and continued eligibility for ONE benefit. I understand that I may withdraw this consent as outlined above.

X _____ <small>Spouse's Name – Print Name</small>	_____ <small>Spouse's Signature</small>	_____ <small>Date-dd/mm/yy</small>
--	---	------------------------------------