





Tr'ondëk Hwëch'in Government  
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**SECTION D: COURSE INFORMATION**

**Course 1:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Traveling in order to attend?**

Yes  No

**Training Provider:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_ **Cost:** \_\_\_\_\_  
 (M/D/Y) (M/D/Y)

How will this training benefit you or assist

**Course 2:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Traveling in order to attend?**

Yes  No

**Training Provider :** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_ **Cost:** \_\_\_\_\_  
 (M/D/Y) (M/D/Y)

How will this training benefit you or assist

**ALL APPLICANTS MUST READ AND SIGN:**

I declare the information submitted in this application to be true, correct and complete and that the financial assistance sought will be used solely for education pursuits. I understand that if I have given any false or misleading information, I will be held liable. I will notify the Tr'ondëk Hwëch'in if I withdraw from my course of studies. If I obtain funding under false pretenses, or I do not complete the studies that I have been funded for from Tr'ondëk Hwëch'in I may not be eligible for future funding assistance, and I will be liable for full repayment of my grant.

I, \_\_\_\_\_, give my consent for Tr'ondëk Hwëch'in to release the information contained in this form, and authorize the sharing of information related to training/supports/attendance and outcomes regarding participation in an ASETS program, to the Council of Yukon First Nations and Service Canada.

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent Signature (applicant under 18)

\_\_\_\_\_  
 Date