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| **PART A: TRAINING INFORMATION** | | | | | | | | |
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| Training Title: | |  | | | | | | |
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| Training Provider: | |  | | | | | | |
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| Training Dates: | |  | | | | | | |
|  | | | | | | | | |
| Training Location: | |  | | | | | | |
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| **PART B: APPLICANT INFORMATION** | | | | | | | | |
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| Applicant Name: | |  | | | | | | |
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| Mailing Address: | |  | | | | | | |
|  | | | | | | | | |
| Phone (home): |  | | | | Fax: |  | | |
|  | | | | | | | | |
| Phone (work): |  | | | | E-mail: |  | | |
|  | | | | | | | | |
| Current Employer: | |  | | | | | | |
|  | | | | | | | | |
| Total Project Budget: | | |  | | Funding Request: | | |  |
|  | | | | | | | | |
| Are you a Yukon resident? NO  YES  Are you a Canadian citizen or landed immigrant/permanent resident? NO  YES  Are you a full-time, permanent government employee? NO  YES  Are you a first-time applicant to HTF? NO  YES  If no, have you received HTF funding within the last year? NO  YES  Do you have any reports or debts owing to the fund? NO  YES | | | | | | | | |
|  | | | | | | | | |
| *The following information is collected for statistical and evaluation purposes, and may also affect your ability to claim restricted expenses. See the list of eligible expense categories in the Yukon Heritage Training Fund Policy or contact the Fund Administrator to learn more. Completion is optional.* | | | | | | | | |
|  | | | | | | | | |
| Male | | | | Indigenous | | | Youth (16-29) | |
| Female | | | | Francophone | | | Older Worker (55+) | |
| Person with disability | | | | Unemployed | | |  | |

**PART C: WRITTEN PROPOSAL**

1. Describe the proposed training, including the qualifications of the proposed training provider(s).

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1. Describe the benefits that will result from this training.

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1. Describe how this training supports the purpose and expected outcomes of the Fund.

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1. Describe how your existing skills and experience qualify you to undertake this training.

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1. Describe how this training is relevant to your future career aspirations in heritage.

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1. Will you be taking this training as credit towards a degree, diploma, or certificate? *If yes, please answer the following questions. If no, please skip to question 7. .* NO  YES
2. Program name and granting institution:

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1. Have you received HTF funding for another class in the same program? NO  YES
2. If yes, for how many classes/credits have you received HTF funding?

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1. How many classes/credits are required to complete the program?

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1. If this training will take place outside the Yukon, or you intend to engage a trainer from outside the Yukon, please explain why you are not pursuing local training/trainers.

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1. If your application includes transportation and/or travel costs, please outline your travel plans, including dates and mode(s) of transportation.

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**PART D: APPLICATION CHECKLIST**

Complete application form

Complete budget

Letter(s) of support

Supervisor confirmation of lack of funding (government employees only)

Written explanation of request for early evaluation (if applicable)

**PART E: AFFIRMATION**

I affirm that the statements in this application and in all further submissions in regard to this application are, to the best of my knowledge, true and correct. I submit that, to the best of my knowledge, all aspects of this proposed project will be in compliance with existing municipal, territorial, and federal codes, guidelines, and laws, and I agree to abide by the various acts and policies governing the programs of the Fund. I understand that the information provided in this application, my final report, and any related correspondence with the Fund may be shared with the Government of Yukon.

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| Applicant Signature |  | Date |

*Please submit your complete application package to:*

HTF, c/o Yukon Historical & Museums Association  
3126 Third Avenue, Whitehorse YT, Y1A 1E7

*E-mail:* [info@heritageyukon.ca](mailto:info@heritageyukon.ca)

*Tel:* (867) 667-4704  
*Fax*: (867) 667-4506