



**ASENIWUCHE
WINEWAK NATION**

OFFICE USE ONLY

Date received: _____ Application # _____

Info verified: Yes No Cheq req # _____

Approved: Yes No Approved by: _____

FUNDING APPLICATION FOR CLASS 5 DRIVER EDUCATION

Please answer all questions and attach a photocopy of your current Class 7 Operator's License. Incomplete applications cannot be assessed for eligibility. Clients will be notified of their eligibility within ten (10) business days of application submission.

1. Applicant

Last name: _____ First name: _____

Address: _____ Community: _____

Home phone: _____ Cell phone: _____

2. Eligibility

Are you eligible for a Class 5 Operator's License in accordance with Alberta Regulations?

Yes No

If 'No', when will you be eligible? Describe any barriers to becoming eligible for a Class 5 license?

3. Have you received funding assistance from AWN to attend driver's training in the past?

Yes No

If 'Yes', please complete the following section.

Name of training facility: _____





ASENIWUCHE WINEWAK NATION

Address: _____

Phone number: _____

Date(s) attended: _____ Duration of program: _____

Did you complete the driving training program? Yes No

4. Please describe any additional circumstances regarding your present situation that you would like AWN to be aware of which may assist in the selection process.

5. Declaration and Consent

I understand that this application does not constitute an agreement on the part of Aseniwuche Winewak Nation to provide me with assistance.

I declare that all information given by me in this document is, to the best of my knowledge and belief, correct and complete.

I consent to having the information I have provided here verified by third parties for the purposes of determining and reviewing my eligibility for financial assistance.

I understand that I may be required to repay any or all financial assistance received by me or by another person on my behalf if I fail to attend training, exams or any other kind of appointments as planned or if it's found that I have provided false information.

I acknowledge that providing false information or misusing financial assistance may result in losing access to financial assistance from AWN in the future.

Applicant's signature: _____ **Date:** _____

The information in this application is collected and protected under the Freedom of Information and Protection of Privacy Act for the purpose of determining eligibility and client selection for financial assistance from programs or initiatives provided by Aseniwuche Winewak Nation. If you have any questions or complaints about the collection, use or disclosure of your personal information, please contact Aseniwuche Winewak Nation at 780-827-5510 or info@aseniwuche.com.