

**FILM TRAINING INITIATIVE APPLICATION FORM
EDUCATIONAL ASSISTANCE**

Please answer the following questions as completely as possible. Feel free to submit a draft application to the Film & Sound Commission and we can review it for completeness.

Name of Applicant _____ Email _____

Address _____ Postal Code _____

Telephone _____ Yukon Health Care Card Number_____

Yukon Resident Yes No

(Note: applicant must be a Canadian Citizen or a permanent resident of Canada and have lived in Yukon for at least one continuous year to be a Yukon resident.)

Previous film experience and training: *(Please attach resume)*

Description of educational program: *(Attach a copy of official course literature and certificate of acceptance)*

Date of program (start/end): _____

Educational Institute _____

(If a mentor, please attach mentor's resume)

Explain how this program will develop your skills and further your career:

Please attach a budget for the full cost of your educational project. Include tuition, texts and any required consumable materials as line items, and show the basis for these figures (e.g., Course literature).

Submit your completed application to:

Yukon Film & Sound Commission
Department of Economic Development
Box 2703, Whitehorse, Yukon, Y1A 2C6

Phone: (867) 667-5400 Fax: (867) 393-7040