



STUDENT ENROLLMENT AND TUITION FORM

In order to commence processing of a student bursary, a student will be required to submit confirmation of full time student status enrolled in a post-secondary program.

Please submit completed Student Enrollment Form to Gwich'in Tribal Council Education and Training Department.

Fax:
 Attn: Education Department
 867-777-7919

Email:
 education@gwichin.nt.ca

SECTION 1: (To Be Completed By Student)	
Student Name ▶ _____	Student School ID Number ▶ _____
Email ▶ _____	Phone # ▶ _____
_____	Other Contact #▶ _____

SECTION 2: (To Be Completed By Educational Institution)	
This enrollment form is used to confirm the above student's eligibility to receive a post-secondary bursary payment from the Gwich'in Tribal Council.	
Institution Name ▶ _____	Program Name ▶ _____
<p>Under the above post-secondary program listed, this student:</p> <ul style="list-style-type: none"> • will be enrolled full-time in a: <input type="checkbox"/> minimum of 3 courses (9 credits) <input type="checkbox"/> minimum of 4 or more courses (12 credits) • is registered in the semester <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer • working towards a <input type="checkbox"/> Licence <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Apprenticeship • in year _____ of a _____ year program. • The length of this current semester consists of a total of _____ weeks. <p>The total cost of the tuition for the semester is: _____.</p> <p>The tuition is invoiced to the: <input type="checkbox"/> Student <input type="checkbox"/> Loans agency <input type="checkbox"/> Other funder, in the amount of _____.</p>	
Semester Start Date: _____ / _____ / _____ DD/MM/YYYY	Semester End Date _____ / _____ / _____ DD/MM/YYYY
X	Title of School Official
	Telephone
Signature of School Official _____ Date - DD/MM/YYYY	Email Address