

SHORT-TERM COURSE APPLICATION PACKAGE



The Gitksan Government Commission (GGC) is responsible for the development of the operating policies and guidelines to guide the administration of the Short-Term Course Program for the members of Gitanyow, Gitanmaax, Sik-E-Dakh (Glen Vowell) and Anspayaxw (Kispiox).

The Gitanyow Independent School (in partnership with GGC) sponsors Registered Gitanyow Band Members to further their education.

Student Eligibility:

- ➔ Must be a REGISTERED Gitanyow member.
- ➔ Must complete the application in full.

This application is to be completed by Gitanyow Band member who is applying for financial assistance to participate in a SHORT-TERM COURSE.

This application only covers TUITION AND BOOKS.

If you require travel allowance or living allowance - fill out a Post-Secondary Application Package.

There is **NO GUARANTEE** you will receive funding. Sponsorship for these type of courses is dependent on yearly financial budgets. However, your completed application will be reviewed and considered for funding.

Checklist - the following itemizes the requirements for complete application		Initial each below
1	Short-term Course Application form	
2	Copy of Status card	
3	Course Information/Outline & Budget (tuition/fees/books - printed from website/advertising)	
4	Proof of Course Registration	
5	Student Waiver and Release Form	

SUBMIT COMPLETED APPLICATIONS TO:

Gitanyow Independent School

Attention: POST-SECONDARY

PO Box 369

Kitwanga BC V0J 2A0

Phone: (250) 849-5384

Fax: (250) 849-5870

Email: b.smith@gitanyowschool.ca

Your certificate of completion MUST be provided to Gitanyow Independent School at the end of the program/course, in order to be in good standing and consideration for future funding.

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APPLICATION:

Fill out all sections in full. If area does not apply, indicate N/A

A Applicant Information

Last Name:	First Name:	Middle Name(s):
Status Card Number:	Date of Birth: (yyyy-mmm-dd)	Social Insurance Number (SIN):
Home Mailing Address (PO Box; mail will be sent to this address):		Apartment/Unit#:
Town/City and Province:	Postal Code:	Contact Phone number (home or cell):
Email Address:		

B Course Information

Name of Course:			
Start Date: (yyyy-mmm-dd)		End Date: (yyyy-mmm-dd)	
Institution Name & Address:		Institution Phone #:	Contact Person:
Course Fee(s):		Additional Costs:	

C Reason for taking course:

D Declaration of Application

I, _____, declare the information that I provided is current and accurate. <small>(Applicant Name)</small>			
Applicant Signature		Date:	

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STUDENT WAIVER & RELEASE FORM

I, _____, do authorize the Gitanyow Independent School to
(Student Name)
contact _____ to inquire about ALL aspects of my
(Institution Name)
Short-Term Course Application.

This waiver will be in effect for ONE YEAR from the date below. Please provide all requested material.

I understand all student records, documents, information and data contained in the student files are classified as personal and confidential.

I further understand that if my personal and academic records are used for statistical purposes, that my name or any other information that would identify me as an individual will not be released.

I have read and understand the above.

Signature of Student

Date Signed

Signature of Education Coordinator

Date Signed