



Must be completed one month prior to the start of each semester you plan to attend.

A. To be completed by the Student

Name:

First Name

Last Name

Date of Birth (day /month/ year):

SIN:

Student ID Number:

Telephone:

Cell:

Email Address:

I declare that my personal and financial information under which I became eligible for ONE Program has not changed as of the date of this enrollment. Further, I understand that it is my responsibility to ensure this Student Enrollment Form is completed correctly and submitted to the Our Nation Education (ONE) Student Financial Support Program.

Name:

Signature

Date

B. To be completed by Educational Institution

Name of Institution:

Program:

Semester Start Date:

(day /month/ year/)

Semester End Date:

(day /month/ year/)

Year of Program
____ out of ____

The length of this current semester
consists of a total of ____ weeks.

The above student is enrolled in (number of/circle one):

____ Units / Credits / Hours / Courses **out of a possible** ____ Units / Credits / Hours / Courses **for this semester.**

Of a 100% full course load, this student will be enrolled part-time/ fulltime in:

☐ 1%-39%, ☐ 40%-59%, ☐ 60%-100% **this semester and is registered in the**

☐ Fall, ☐ Winter, ☐ Spring, ☐ Summer **semester, in a**

☐ Postsecondary, Program ☐ Distance Learning, ☐ Upgrading Program **working towards a**

☐ Record of Achievement, ☐ License ☐ Certificate, ☐ Diploma, ☐ Degree, ☐ Masters, ☐ Doctorate.

Tuition Amount:

\$

Books (Amount):

\$

Other Fees – explanation required:

Email:

Telephone:

Fax:

Title of School Official :

Signature of School Official:

Date:

(day /month/ year/)

Once completed fax (867-392-6884) or email (one@tlicho.com) to ONE Student Financial Support Program.