



Submit this form up to one calendar month prior to the start of each semester you plan to attend.

A. To be completed by the Student

Name (First, Middle, & Last Name):

Date of Birth (day/month/year):

SIN:

Student ID Number:

Telephone:

Cell:

Email Address:

I declare that the personal and financial information under which I became eligible for the ONE Program has not changed as of the date of this enrollment. Further, I understand that it is my responsibility to ensure this Student Enrolment 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:

Semester End Date:

Year of Program
___ out of ___

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

(day/month year/)

(day/month/year/)

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 (September to December), Winter (January to April), Spring/Summer (May to August) semester, in a
- Postsecondary, Program Distance Learning, Upgrading Program, **working towards a**
- Record of Achievement, License Certificate, Diploma, Degree, Masters, Doctorate or
- Apprenticeship

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 (post.secondary@tlicho.ca) to ONE Student Financial Support Program.