

GITMAXMAK'AY

"Nisga'a People of the Rainbow"

Education Gift Application 2019/2020

Each year, the Gitmaxmak'ay Nisga'a Society provides a \$100 gift for each registered Nisga'a student enrolled in Kindergarten to Grade 12 in order to assist parents in purchasing school supplies and books.

DA	TE OF SUBMISSION (dd/mi	m/yy):					
PARENT/GUARDIAN:			HOME/CELL PHONE:				
ADDRESS:			EMAIL:				
[Str	eet & No.] [City/Prov] [Pos	tal Code]					
	STUDENT NAME	SCHOOL NAM	ME	BIRTH DATE (mm/dd/year)	GRADE (K-12)	CITIZENSHIP # (Office use only)	
1							
2							
3							
4							
5							
PARENT/GUARDIAN SIGNATURE:							

By signing this document, I confirm I have completed this form truthfully and accurately to the best of my ability. I understand the gift will come in the form of a cheque, with \$100 being provided per eligible child. I commit to abide by the terms and conditions of the education gift to purchase school supplies for my children. I also understand that my contact information may be used for future Society text and email communications.



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PLEASE NOTE:

- Education gift application will be processed after August 16, 2019, allow up to 14 days to process.
- Submitting incomplete or unsigned applications may delay gift processing time
- The timeframe for application submission is August 1st to September 30th, 2019

DATE OF GIFT PICKUP (dd/mm/yy):

• Parents are required to appoint a designate if they are unable to pick up the gift themselves

PARENT/GUARDIAN SIGNATURE:							
IF GIFT IS PICKED UP BY A DESIGNATE:							
DESIGNATE NAME:	DESIGNATE SIGNATURE:						
By signing this document, I confirm that I have collected the Gitmaxmak'ay Nisga'a Society education gift on behalf of the eligible Nisga'a student(s) in the capacity of being their parent or guardian, or as an official designate as expressed to the Society by the parent or guardian of the eligible Nisga'a student. I again commit to abide by the terms and conditions of the education gift to purchase school supplies for my children. I also understand that my contact information may be used for future Society text and email communications.							
FOR OFFICE USE ONLY	Authorized by:						
Amount of Cheque Issued:	Date of Issue:						