



GITMAXMAK'AY

“Nisga’a People of the Rainbow”

Education Gift Application 2020/2021

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.

DATE OF SUBMISSION (dd/mm/yy): _____

PARENT/GUARDIAN: _____ **HOME/CELL PHONE (please circle):** _____

ADDRESS: _____ **EMAIL:** _____

[Street & No.] [City/Prov] [Postal Code]

	STUDENT NAME	SCHOOL NAME	BIRTH DATE (mm/dd/year)	GRADE (K-12)	CITIZENSHIP # TABLET (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.

PLEASE NOTE:

- Education gifts submitted on or before August 4th will be available for pickup on August 14th
- Submitting late, incomplete or unsigned applications will delay gift processing time
- The timeframe for application submission is August 4th to September 30th, 2020
- Parents are required to appoint a designate if they are unable to pick up the gift themselves



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

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

Amount of Cheque Issued:

Date of Issue:

Number of Tablets Issued:

Authorized by: