

GITMAXMAK'AY

"Nisga'a People of the Rainbow"

TUTORING GRANT APPLICATION 2025

The Gitmaxmak'ay Nisga'a Society is pleased to provide 100% reimbursement for eligible youth tutoring expenses from A P Educational Services (APES) formally known as PAC 10 Tutoring in Prince Rupert for Charles Hays Secondary, Prince Rupert Middle School, and Pacific Coast School students.

DA	ATE OF SUBMISSION (dd/mn	n/yy):						
MOTHER NAME:		FATH	FATHER NAME:					
(or legal guardian)		(or legal	(or legal guardian)					
AΓ	ODRESS:							
ADDRESS:[Street & No.]		[City/Pi	[City/Prov]		[Postal Code]			
EMAIL:			PHONE:					
	SUPPORTING DOCUMENTS, The student's most recent report card and/or a note from teacher demonstrating need REQUIRED TO SUBMIT: Proof of current address							
		A receipt from	PAC10 Tutoring					
	STUDENT NAME	SCHOOL	BIRTH DATE	GRADE	CITIZENSHIP # (Office use only)			
		(please circle one)	(mm/dd/year)	(6-12)	(Siffice use only)			
1		CHICC DDMC DCC						

	STUDENT NAME	SCHOOL (please circle one)	BIRTH DATE (mm/dd/year)	GRADE (6-12)	CITIZENSHIP # (Office use only)
1		CHSS PRMS PCS			
2		CHSS PRMS PCS			
3		CHSS PRMS PCS			
4		CHSS PRMS PCS			
5		CHSS PRMS PCS			



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PLEASE NOTE THE FOLLOWING:

- Tutoring reimbursements will be processed as a cheque
- Applications will be accepted throughout the School District 52 session calendar
- No tutoring expenses incurred prior to September 2025 will be eligible for reimbursement
- Parents/guardians will not be reimbursed for absences from tutoring sessions
- Student must be registered at CHSS, PRMS, or PCS to be eligible for reimbursement
- Submitting incomplete or unsigned applications will delay processing time
- Only parents or guardians are eligible for the reimbursement
- There is a zero-tolerance policy for abusive language or behaviour towards staff
- If you are returning this application via email, please send to <u>info@gitmaxmakay.ca</u>

PARENT/GUARDIAN SIGNATURE:								
By signing this document, I confirm I have completed this form truthfully and accurately to the best of my ability. I also understand that my contact information may be used for future Society text and email communications.								
FOR OFFICE USE ONLY	Distributed by:							
Cheque Issued: YES NO	Date of Issue:							