

TOQUAHT NATION
RETURN TO FUNDING AFTER A MEDICAL/COMPASSIONATE WITHDRAWAL FORM (APPENDIX A[7])

Full legal name:	
Preferred name:	
Status # (if applicable):	

When did you withdraw from your studies (month/year)?: _____

Have you contacted your institution to confirm your re-enrollment?

Yes

No

If yes, please attach proof of re-enrollment.

If no, please provide proof within 2 weeks of submitting this form.

If applicable, Toquaht reserves the right to request a letter from a medical practitioner confirming your ability to return to studies.

Citizen Declaration:

I declare that the information given on this form is correct and complete to the best of my knowledge.

I understand that if I knowingly give information that is false I may be liable to prosecution and will be required to repay any assistance received. Also, if I knowingly give information that is false, it may result in disqualification for any future requests for financial assistance from the Toquaht Nation.

Name:

Signature:

Date Submitted:

TOQUAHT NATION OFFICE USE ONLY
Reviewed by (Director of Community Services):
Date:
Approved to return to studies?: <input type="checkbox"/> Yes <input type="checkbox"/> No