



NWT HEALTH AND SOCIAL SERVICES SYSTEM BURSARY PROGRAM STUDENT ENROLLMENT FORM

To be Completed by Student

First Name:	Last Name:
Cell / Phone Number:	Email Address:
Birth Date:	Social Insurance Number: (XXX XXX XXX)

I understand that it is my responsibility to ensure this Student Enrollment Form is completed correctly and submitted and, should the details within it change, I will inform the Northwest Territories Health and Social Services Bursary Program.

Student
Signature:

Date:

To be Completed by the Post-Secondary Institution

Post-Secondary Institution:	Student's Program Of Study:	Program Stream:
Student Full-Time / Part-Time enrollment percentage for the 2026-2027 Academic Year (September 2026 to August 2027):		%
Total approximate weeks of schooling the student is enrolled for in this Academic Year:		Weeks

Printed Name of School Official:	
Title of School Official:	
Email Address:	Phone Number:

Signature of
School Official:

Date:

This enrollment form is used to confirm a student's eligibility and may affect the amount of funding received through the NWT HSS Bursary.

Please submit by email to NWTHSS_Bursary@gov.nt.ca.



The information in this form is being collected in support of your application to the HSS Bursary Program. It is protected by the privacy provisions of the Access to Information and Protection of Privacy Act (ATIPP). If you have any questions about collection or use of the information, please contact the Manager, Talent Acquisition at (867) 767-9105 ext. 40183.