



OKANAGAN TRAINING and DEVELOPMENT COUNCIL (O.T.D.C.)

101 – 1865 Dilworth Drive, Suite #339, Kelowna, BC V1Y 9T1

Phone: (250) 769 1977 (Karen) or (250) 542 0045 (Debbie)

Cell: (250) 212 2999 (Karen) or (250) 550 6707 (Debbie)

Fax: (250) 707 8736 (Karen) or (250) 549 7175 (Debbie)

Email: karen@otdc.org (Karen) or otdc@telus.net (Debbie)

SUMMER STUDENT PROOF OF ENROLLMENT

I, _____
(PRINT NAME) HEREBY CERTIFY THAT I AM A
STUDENT WILLING TO PROVIDE MY STATUS AS A FULL-TIME STUDENT FROM A
RECOGNIZED EDUCATIONAL INSTITUTION, IN ORDER TO QUALIFY FOR SUMMER
STUDENT PLACEMENT. *AT MINIMUM, I MUST BE ATTENDING FULL-TIME SCHOOL IN
SEPTEMBER. IDEALLY, I WAS ALSO ATTENDING FULL-TIME SCHOOL IN JUNE.*

I WILL PROVIDE **ONE** OF THE FOLLOWING:

<input checked="" type="checkbox"/>	
<input type="checkbox"/>	CONFIRMATION OF ENROLLMENT AND FUNDING FROM BAND EDUCATION
<input type="checkbox"/>	CONFIRMATION OF ENROLLMENT AND PROOF OF PAYMENT
<input type="checkbox"/>	CONFIRMATION OF ENROLLMENT AND PROOF OF ALTERNATE FUNDING (I.E.: STUDENT LOAN)

**WE UNDERSTAND THAT PROOF OF ENROLLMENT DOCUMENTS MUST BE SUBMITTED
WITHIN 2-WEEKS AND HIRING NON-STUDENTS WILL RESULT IN NON-PAYMENT.**

WE ALSO UNDERSTAND THAT ANY INFORMATION RELEASED TO THE FUNDING
SOURCE WILL BE KEPT PRIVATE AND CONFIDENTIAL, AND MAY BE USED FOR THE
PURPOSE OF COLLECTING STATISTICAL DATA FOR THE FUNDING SOURCE.

DATED THIS _____ DAY OF _____, 20____
(DAY) (MONTH) (YEAR)

EMPLOYER (PRINT NAME)	STUDENT (PRINT NAME)
SIGNATURE	SIGNATURE