BARRICK		SPRING 2018 CSCO COURSE FEE COVERAGE REQUEST To be completed by Great Basin College student seeking funding support.				
	Please pri	nt or type responses. This form does	5		Ũ	
		THIS FORM MUST BE SUBMITTE	D BY 5PM	<u>PST FRIDAY, JAN</u>	<u>UARY 5, 2018.</u>	
St	udent Name (Last,	First):				_
Phone number:		E-mail:				_
I a	nm registered for (p	lease check all which apply): 🔲	CSCO 120	CSCO 121	CSCO 220	
I a	nm a (please check a	ll which apply):				
	Full-Time Barrick	Employee (Employee #		_, Site		_).
	Spouse of a Full-Time Barrick Employee (Employee Name & #					_).
	Dependent Child of a Full-Time Barrick Employee (Employee Name & #).					
	Veteran of the U.S. Military residing in Battle Mountain, Carlin, Elko, Eureka or Winnemucca. *					
	Western Shoshone member or affiliate of one of the following Western Shoshone Partner Communities					
(please indicate the Tribe/Band with which you are affiliated). *						
	o Battle Mounta	in Band of the Te-Moak Tribe	0	Ely Shoshone Tri	be	
	of Western Sh	oshone	0	South Fork Band	of the Te-Moak Tri	be of
	 Duck Valley S 	hoshone-Paiute Tribe		Western Shoshon	e	

OLLEGE

- Barrick will pay 100% of in-state tuition, lab and technology fees for CSCO 120, 121 and 220 courses at Great Basin College (GBC) only. Support provided by Barrick will be paid directly to GBC upon verification of eligibility and then allocated to approved student accounts.
- 2. All other costs, including, but not limited to, application fees, books, non-resident fees, travel, etc. are my responsibility.
- 3. I must achieve a C or better grade in funded courses to be considered for future financial assistance from Barrick. If I earn a grade below C, or do not complete the course, I must successfully repeat and pass the class with a C or better at my own expense before Barrick will consider future support.

• Wells Band of the TE-Moak Tribe of

Western Shoshone

• Yomba Shoshone Tribe

- 4. It is my responsibility to file the appropriate documents with GBC. This includes, but is not limited to, applying for admission if I am not already a student with GBC, enrolling in the course/courses I wish to take, and supplying the appropriate documentation for residency should it be required.
- 5. By signing below, I authorize GBC to release information to Barrick regarding my enrollment status and grades.

Student Signature _____ Date _____

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Shoshone

Duckwater Shoshone Tribe

Elko Band of the Te-Moak Tribe of Western

I understand and acknowledge the following parameters of this program:

* Please submit documentation verifying status/eligibility. Veterans, this may be a copy of your military id or DD-214. Western Shoshone, this may be a copy of your tribal enrollment card or certificate, a CIB or other official document. Original documents are **not** required; photocopies/scanned copies/pictures are acceptable.

Submit completed form and supporting documentation if required via: Email to jlarsen@barrick.com; mail to Barrick CR, PO Box 29, Elko, NV 89801; in-person at 905 W Main Street, Elko, NV or to your Barrick site HR representative.

For Barrick Human Resources use only: Employment/dependent status eligibility verified – eligible ineligible HR Signature _____ Date _____