



**Inuvialuit Education Foundation**  
**STUDENT REQUEST FOR A TUTOR FORM**

**To be completed by the student**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Program \_\_\_\_\_ Grade/Year \_\_\_\_\_ Age \_\_\_\_\_

Institution \_\_\_\_\_

For which course are you seeking a tutor? \_\_\_\_\_

What is your estimated grade in this course at this time? \_\_\_\_\_

Have you ever studied the subject previously? YES or NO If so, what was your grade? \_\_\_\_\_

To the best of your ability, indicate the aspects of the course that give you difficulty. Please be as specific as possible.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To be completed by the teacher\* (Grade 5-12)**

Teacher's name \_\_\_\_\_ Teacher's signature \_\_\_\_\_

Number of hours needed per week (max 3) \_\_\_\_\_ For how many weeks? \_\_\_\_\_

Class Attendance (%) \_\_\_\_\_

**Student Signature** \_\_\_\_\_

**Parent/Guardian Signature (if under 19 yrs of age)** \_\_\_\_\_

**Date of Application** \_\_\_\_\_

**To be completed by the IEF Office:**

Tutor assigned \_\_\_\_\_ Date assigned \_\_\_\_\_

*\* In order to qualify for Grade 5-12 IEF-sponsored tutoring, this form must be signed by the teacher of the course and approved by the IEF Office.*

Inuvialuit Education Foundation  
Bag Service #21  
Inuvik, N.T. XOE OTO  
Phone #- 867-777-7029  
Fax #- 867-777-4506



## TUTOR APPLICATION FORM

*To be completed by the tutor*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone(s) \_\_\_\_\_ Email \_\_\_\_\_

Program(s) that the tutor is able to work with students \_\_\_\_\_

Provide a resume or complete the following:

Educational History \_\_\_\_\_

Work History \_\_\_\_\_

Name and contact information of two references

\_\_\_\_\_  
\_\_\_\_\_

*\* Tutor must provide a clear criminal record check if tutoring students under the age of 19*

**Tutor Signature** \_\_\_\_\_

**Date of Application** \_\_\_\_\_

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