



Nipisihkopakwiyiniw Trust Fund

APPLICATION FOR GRADE 12 ACHIEVEMENT AWARD

BAND #444.0 _____

STUDENT INFORMATION:

STUDENT'S LEGAL SURNAME: _____

STUDENT'S GIVEN NAME: _____

MIDDLE INITIAL: _____

DATE OF BIRTH: _____
DAY MONTH YEAR

ADDRESS:

TELEPHONE: () _____ OTHER #: _____

APPLICATION DEADLINE: 1 year after graduation or convocation

NAME OF SCHOOL:

LOCATION:

PHONE #:

FIRST PARENT OR LEGAL GUARDIAN (IF MINOR, UNDER 18 YEARS OLD)

SURNAME: _____

FIRST NAME: _____

RELATIONSHIP WITH STUDENT: _____

ADDRESS OF FIRST PARENT OR LEGAL GUARDIAN'S (If different from student's)

HOME PHONE:

BUSINESS PHONE:

WE REQUIRE THE FOLLOWING TO ACCOMPANY YOUR APPLICATION:

OFFICIAL TRANSCRIPT _____
COPY OF OFFICIAL DIPLOMA _____
PHOTOCOPY OF MEMBERSHIP CARD _____
GPA _____

Please provide documentation to indicate how you have calculated your GPA if not indicated on the transcripts.

PARENT SIGNATURE

DATE

STUDENT'S SIGNATURE

DATE

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