



Nipisihkopak Iyiniwin 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

Nipisihkopahk Iyiniwin Trust Fund
Box 658
Maskwacis, Alberta
T0C 1N0
Tel: (780) 585-2211 or (780) 585-2232
Toll Free: 1-800-843-7359
Fax: (780) 585 3857
larronarchie@gmail.com