



Nipisihkopakwiyiniw Trust Fund

Application for Laptop Reimbursement

STUDENT INFORMATION:

BAND #444.0 _____

STUDENT'S LEGAL SURNAME: _____

STUDENT'S GIVEN NAME: _____

MIDDLE INITIAL: _____ DATE OF BIRTH: _____ / _____ / _____
DAY MONTH YEAR

ADDRESS:

TELEPHONE: () _____ OTHER #: () _____

NAME OF SCHOOL:

LOCATION:

PHONE #:

FAX #

WE REQUIRE THE FOLLOWING TO ACCOMPANY YOUR APPLICATION:

PROOF OF ACCEPTANCE FROM AN EDUCATIONAL INSTITUTION _____

PROOF OF MEMBERSHIP (COPY OF SAMSON ID'S) _____

PROOF OF PURCHASE (ATTACH RECEIPT) _____

STUDENT'S SIGNATURE

DATE

NOTE!!

- ***THIS PROGRAM WILL BE SUBJECT TO AVAILABLE BUDGET.***
- ***THIS WILL BE A ONE-TIME REIMBURSEMENT!***
- ***\$400 MAXIMUM REIMBURSEMENT.***

Nipisihkopahk Iyiniwin Trust Fund

Box 658

Maskwacis, Alberta

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