



Nipisihkopakh Iyiniwin Trust Fund

Application for Off-Reserve School Supplies

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 #

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:

PROOF OF ACCEPTANCE FROM AN EDUCATIONAL INSTITUTION _____
PROOF OF MEMBERSHIP (COPY OF SAMSON ID'S) _____
PROOF OF LIVING OFF-RESERVE _____

PARENT SIGNATURE

DATE

STUDENT'S SIGNATURE

DATE

NOTE!!

- ***THIS PROGRAM WILL BE SUBJECT TO AVAILABLE BUDGET.!***
- ***\$100/STUDENT/SCHOOL YEAR (SEPT.-JUNE).***

***Nipisihkopahk Iyiniwin Trust Fund
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