



Nipisihkopahk Iyiniisiwin Trust Fund

Application for Grade 12 Graduation Assistance Program

Band #444.0 _____

STUDENT INFORMATION:

STUDENT'S LEGAL SURNAME: _____

STUDENT'S GIVEN NAMES: _____

DATE OF BIRTH: _____
DAY MONTH YEAR

ADDRESS: _____

REASON OF REQUEST: _____

TELEPHONE : () _____ OTHER: () _____

Nipisihkopahk Iyiniisiwin Trust Fund

Box 658

Maskwacis, Alberta

T0C 1N0

Tel: (780) 585-2211 or (780) 585-2232

Fax: (780) 585 3857

larronarchie@gmail.com

NAME OF SCHOOL: _____
ADDRESS: _____
PHONE #: _____

APPLICATION DEADLINE: 1 WEEK BEFORE GRADUATION CEREMONY

PARENT AND/OR GUARDIAN (IF MINOR OR UNDER 18 YEARS OLD)

SURNAME: _____
FIRST NAME: _____
RELATIONSHIP: _____

ADDRESS: _____
PHONE #: _____ OTHER: _____

ARE YOU AWARE, THAT THIS IS A ONE-TIME ONLY PROGRAM? _____

WE REQUIRE THE FOLLOWING TO ACCOMPANY YOUR APPLICATION:

- CAREER ASSESSMENT: _____
- PROOF OF MEMBERSHIP: _____
- LETTER FROM SCHOOL VERIFYING REQUIREMENTS MET TO PARTICIPATE IN GRADUATION CEREMONY’S: _____

PARENT/GUARDIAN’S SIGNATURE DATE: _____

APPLICANT’S SIGNATURE DATE: _____