



# **Nipisihkopakwiyin 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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***Maskwacis, Alberta***

***T0C 1N0***

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