



Nipisihkopakwiyin Trust Fund

Application For Scientific Calculator

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 #

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)

HOME PHONE:

BUSINESS PHONE:

NITF will Reimburse Students who are enrolled in one of these classes (please check off);

- | | |
|--------------------|---|
| a) Math 10-C _____ | e) Math 30-2 _____ |
| b) Math 20-1 _____ | f) Math 31 _____ |
| c) Math 20-2 _____ | g) Advanced Placement Math (any AP Math) _____ |
| d) Math 30-1 _____ | h) International Baccalaureate Math (any IB Math) _____ |

WE REQUIRE THE FOLLOWING TO ACCOMPANY YOUR APPLICATION:

CURRENT TRANSCRIPT OR REPORT CARD

PROOF OF CORE SUBJECT OR PRE-REQUISITE COURSE

PROOF OF MEMBERSHIP (COPY OF SAMSON ID'S)

PROOF OF PURCHASE (ATTACH RECEIPT)

PARENT SIGNATURE

DATE

STUDENT'S SIGNATURE

DATE

NOTE!!

- ***THIS PROGRAM WILL BE SUBJECT TO AVAILABLE BUDGET.***
- ***THIS WILL BE A ONE-TIME REIMBURSEMENT!***
- ***\$100 MAXIMUM REIMBURSEMENT.***

Nipisihkopahk Iyiniisiwin Trust Fund

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