



INTERLAKE TRIBAL DIVISION FOR SCHOOLS

APPLICATION FOR EDUCATIONAL ASSISTANCE

Phone: Head Office - (204) 659-4465 | Sub-office - (204) 956-7413

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PART A – STUDENT INFORMATION

First Nation	Treaty Status Number 	Birth Date Y M D
<input type="checkbox"/> Continuing <input type="checkbox"/> Gr. 12 Grad <input type="checkbox"/> Deferred <input type="checkbox"/> New <input type="checkbox"/> Previously Funded		

Last Name	First Name	Initial(s)	Social Insurance Number
Address	City	Prov	Postal Code
Sex (x) M <input type="checkbox"/> F <input type="checkbox"/>	Marital Status (x) Single <input type="checkbox"/> Married <input type="checkbox"/> Single Parent <input type="checkbox"/>	No. of Dependents	Usually Live (x) On Reserve <input type="checkbox"/> Off Reserve <input type="checkbox"/>
E-mail Address:			

Names of Dependent(s)	Birth Date	Names of Dependent(s)	Birth Date
1.		4.	
2.		5.	
3.		6.	

Name (Relation to Student)	Telephone Number
Address	City
	Prov. Postal Code

PART B – PREVIOUS EDUCATION AND TRAINING

Schooling – Training	Name	Location	Program Completed		Calendar Year Completed	Certificate Received
			Yes	No		
2 – High School						
3 – College						
4 – University						
5 – OTHER (specify)						

Highest grade level completed:	Comments:
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I hereby make application for financial assistance to enroll in a high school or post-secondary academic training program at an institution for which I have been accepted.

Program / Course / Grade Level	Start Date: Y M D	End Date: Y M D
Institution / School	Location (city-town-province)	Postal Code
Attendance (x) Full-Time <input type="checkbox"/> or Part-Time <input type="checkbox"/>	Session (x)	Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall / Winter <input type="checkbox"/>
Type of Training (x)		
U.C.E.P. 1	University Master 4	Other (Specify) 7
University Bachelor 2	University Ph. D. 5	
College 3	High School 6	

Please Note: Incomplete applications will not be considered

PART C – COST OF EDUCATION (For Office Use Only)

Estimated Costs	Current Fiscal Year 20___/20___ April - March	Next Fiscal Year 20___/ 20___ April - March
1. Training Allowance		
2. Rent / Room and Board		
3. Tuition		
4. Travel / Seasonal or Daily		
5. Special Clothing and Equipment		
6. Books and Supplies		
7. Tutorial Assistance		
8. Child Care		
9. Special Contingency		
TOTAL FOR FINANCIAL COMMITMENT		
PLANNED NUMBER OF TRAINING MONTHS	Months	Months
a. High School	(a)	(a)
b. Post-Secondary	(b)	(b)

PART D – SENDING COUNSELLOR'S COMMENTS AND RECOMMENDATIONS (For Office Use Only)

I recommend I do not recommend this application for approval because

Counsellor's Signature Date

PART E – I Understand the following conditions will apply for sponsorship by Interlake Tribal Division for Schools (I.T.D.S.)

- To attend classes regularly.
- To consult with the Counsellor if any problems arise, academically, emotionally, physically and financially.
- To meet the standards required by the university for continuation in my program of studies.
- To provide my marks and reports to I.T.D.S. Counselling Services and to I.T.D.S. Upon my Counsellor's request.
- To adhere to any rules and regulations as may from time to time be advised to me by I.T.D.S.
- To accept responsibility for satisfying the academic or training requirements of the above institution and managing the educational assistance funds to the best of my abilities.
- To authorize the above institution to release all attendance, progress reports, marks and transcripts to I.T.D.S.

*Students are **required** to re-apply each term. Term Deadlines are as follows:
Spring/Summer – March.15th
Fall/Winter – May.15th
Winter – September.15th*

I have read this application for educational assistance and agree to the conditions as outlined in parts A, B, and E.

_____ Date	_____ Signature of Student	_____ Signature of Parent, if applicant is under 18 years of age
_____ Date	_____ Signature of Authorizing Officer	_____ Position