

INTERLAKE TRIBAL DIVISION FOR SCHOOLS APPLICATION FOR EDUCATIONAL ASSISTANCE

Phone: Head Office - (204) 659-4465 | Sub-office - (204) 956-7413 Fax: Head Office - (204) 659-2147 | Sub-office - (204) 942-8840 E-mail: education@irtc.ca Website: https://irtc.ca/

PART A -STUDENT I	NFORMATION																.,
First Nation					Т	reaty	Stat	tus l	Num	ber					Birth Date	e M	D
						1	I	1	- 1	1	1	1	1 1		Y	IVI	
	Continuing	Gr	r. 12 Grad	De	eferred		Ne	w [Prev	/iousl	y Fur	nded				
Last Name		First N	Name					lni	tial(s)	Social	Insura	ince N	umber			
Address		City			Prov	Post	tal Co	ode			Teleph	none N	umber				
Sex (√) M F	Marital Status (√) Single Married Single Po	arent	No. of Dependents	On R	lly Live (\gamma\) eserve			E-n	nail Ad	ddress							
Names of	Dependent(s)		Birth Date				١	Nam	es of	Depe	enden	t(s)				Birth	Date
1.				4	1.												
2.					5.												
3.				(6.												
Name (Relation to Student)												Teleph	none N	lumbe	r		
Address					City							Prov.		Ро	stal Code		
PART B - PREVIOUS	EDUCATION AND	TRAI	INING														
Schooling – Training	Name				L	ocati	ion					gram pleted No	•		ndar Year mpleted		ertificate eceived
2 – High School																	
3 – College																	
4 – University																	
5 – OTHER (specify)																	
Highest grade level comple	ted:			Coi	mments	•											
I hereby make applica	tion for financial assi	stanc nstitu	e to enroll in	n a hi	igh sch	nool een a	or p	oos	st-se ted.	con	dary	aca	dem	ic tr	aining pı	ogra	n at an
Program / Course / Grade Level								-		Star	rt Date	: M	[)	End Date:	М	D
Institution / School		Location	(city-town-provinc	ce)											Postal Code)	
Attendance (√) Full-Time	or Part-Time	Se	ession (√)				Spr	ing			Summ	er		Fall / V	Vinter		
Type of Training $()$							1										1
	U.C.E.P. 1				ty Master		4							0	ther (Specify)		7
University	Bachelor 2		ţ		sity Ph. D.		5										
	College 3			Hiç	gh School		6										

ESU	mated Costs	Current Fiscal Year 20/ 20 April - March	Next Fiscal Year 20/ 20 April - March
. Training Allowance			
. Rent / Room and Board			
. Tuition			
. Travel / Seasonal or Daily			
i. Special Clothing and Equipment			
. Books and Supplies			
. Tutorial Assistance			
. Child Care			
. Special Contingency			
OTAL FOR FINANCIAL COMMITMENT			
LANNED NUMBER OF TRAINING MONTHS		Months	Months
a. High School		(a)	(a)
. Post-Secondary		(b)	(b)
C	ounsellor's Signature	- Dotte	
		Date	
To attend classes regularly. To consult with the Counsello To meet the standards requir To provide my marks and rep To adhere to any rules and re To accept responsibility for seassistance funds to the best To authorize the above institut Students	ving conditions will apply for spons or if any problems arise, academically, emotived by the university for continuation in my ports to I.T.D.S. Counselling Services and to egulations as may from time to time be adviatisfying the academic or training requirements.	ionally, physically and financia orogram of studies. I.T.D.S. Upon my Counsellor's sed to me by I.T.D.S. ents of the above institution are ports, marks and transcripts to me Deadlines are as follows:	lly. s request. nd managing the education I.T.D.S.
I.T.D.S.) To attend classes regularly. To consult with the Counsello To meet the standards requir To provide my marks and rep To adhere to any rules and re To accept responsibility for so assistance funds to the best To authorize the above institut Student have read this application for edu	ving conditions will apply for spons or if any problems arise, academically, emotived by the university for continuation in my ports to I.T.D.S. Counselling Services and to regulations as may from time to time be adviatisfying the academic or training requirement of my abilities. Ition to release all attendance, progress reports are required to re-apply each term. Tensing/Summer – March. Fall/Winter – May. 15th Winter – September. 15th Coational assistance and agree to the contractions.	orship by Interlake Triba ionally, physically and financia irogram of studies. I.T.D.S. Upon my Counsellor' sed to me by I.T.D.S. ents of the above institution ar iorts, marks and transcripts to im Deadlines are as follows: I.5th Ith Interlated Triba	lly. s request. nd managing the education I.T.D.S. rts A, B, and E.
To attend classes regularly. To consult with the Counsello To meet the standards requir To provide my marks and rep To adhere to any rules and re To accept responsibility for si assistance funds to the best To authorize the above institu	wing conditions will apply for spons or if any problems arise, academically, emotived by the university for continuation in my ports to I.T.D.S. Counselling Services and to egulations as may from time to time be advitatisfying the academic or training requirement of my abilities. Ition to release all attendance, progress reports are required to re-apply each term. Tension Spring/Summer – March. Tell/Winter – May.15th Winter – September.15th	orship by Interlake Triba ionally, physically and financia program of studies. I.T.D.S. Upon my Counsellor's sed to me by I.T.D.S. ents of the above institution are ports, marks and transcripts to me Deadlines are as follows: I.S. the state of the second	lly. s request. nd managing the education