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
☐ Continuing ☐ Gr. 12 Grad ☐ Deferred ☐ New ☐ Previously Funded		

Last Name	First Name	Initial(s)	Social Insurance Number
Address	City / Prov / Postal Code		Telephone Number
Sex (x) M ☐ F ☐	Marital Status (x) Single ☐ Married ☐ Single Parent ☐	No. of Dependents	Usually Live (x) On Reserve ☐ Off Reserve ☐ / 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 Yes	Program Completed No	Calendar Year Completed	Certificate Received
2 – High School						
3 – College						
4 – University						
5 – OTHER (specify)						

Highest grade level completed:	Comments:

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 ☐ or Part-Time ☐	Session (x) Spring ☐ Summer ☐ Fall / Winter ☐	

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.)

1. To attend classes regularly.
2. To consult with the Counsellor if any problems arise, academically, emotionally, physically and financially.
3. To meet the standards required by the university for continuation in my program of studies.
4. To provide my marks and reports to I.T.D.S. Counselling Services and to I.T.D.S. Upon my Counsellor's request.
5. To adhere to any rules and regulations as may from time to time be advised to me by I.T.D.S.
6. 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.
7. 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 _____