

P.O. Box 757
Valleyview, AB
T0H 3N0



Phone: (780) 524-3307
Fax: (780) 524-2711

Application for Post-Secondary Funding

Academic Year: 20____ - 20____

Applicant Information

Full Name:	
Previous last name(s)/Alias(s):	
Indian Registry ("Treaty") #:	Date of Birth:
(10 digit)	(YYYY/MM/DD)
Mailing Address:	Phone Number:
e-mail Address:	
Number of dependent children (under the age of 18) in your care:	

Funding Application

I, _____, hereby submit my application
for funding for:

- Tuition and mandatory fees Books and supplies
 Student Allowance Other: _____

To attend the following:

Year of Study:	From:	to
(e.g. 1 of 4)	YYYY/MM/DD	YYYY/MM/DD
Program of Study:		
Institution Name:		

Student Signature

Date (YYYY/MM/DD)