

School Supplies Applications

School Supply funding for Ehattesaht band members in grade 1 – 12.

Please fill in completely to avoid any delays.

Applicant's

Full name: _____

Is the Student an Ehattesaht Band Member? Y or N

Address: _____

Telephone # _____

Fax # _____

Alternate # _____

Please list student's information below

<i>Student Name</i>	<i>Grade</i>	<i>School Information</i>	<i>Band Number</i>
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1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

PLEASE ANSWER THE FOLLOWING

1. Have you applied for funding from any other funding sources or do you expect to receive funding from another source? Y or N
2. Does your child (ren) live with you? Y or N
3. Are you currently receiving social assistance at Ministry of Human Resources? Y or N
4. If so, please give the name and number of you FAW: _____

Statement of Agreement

Please read and sign below

I agree to use the school supplies funding from the band for school supplies. All other school related fees are the responsibility of each parent.

I agree to give the Ehattesaht office employees authorization to verify or obtain funding information with Human Resources and other First Nation Band Organizations.

Applicants Signature: _____ Date: _____