



## Education Allowance Application

Education Program, 1900 Quail Lane, Westbank, B.C. V4T 2H3

Phone: 250-768-0227 Fax: 250-768-0528

*To be completed for students requesting an Education Allowance  
in accordance with Policy 2015-14 Education Allowances*

***Protected when submitted***

### STUDENT AND SCHOOL INFORMATION

Name of Student		<input type="checkbox"/> Male	Grade
		<input type="checkbox"/> Female	
Date of Birth (YYYY/MM/DD)	Status Number	First Nation Name	
Name of Parent/Guardian		Phone Number	
Mailing Address		Email Address	
City	Province and Postal Code	<input type="checkbox"/> On Westbank Lands <input type="checkbox"/> Off Westbank Lands (WFN Members only)	
<b><i>School where the student is attending:</i></b>			School Year:
<input type="checkbox"/> sensisyusten House of Learning <input type="checkbox"/> Webber Road Elementary <input type="checkbox"/> Hudson Road Elementary <input type="checkbox"/> Chief Tomat Elementary <input type="checkbox"/> Shannon Lake Elementary <input type="checkbox"/> Mar Jok Elementary School		<input type="checkbox"/> Constable Neil Bruce Middle <input type="checkbox"/> Glenrosa Middle School <input type="checkbox"/> Mount Boucherie Secondary School <input type="checkbox"/> Central Program <input type="checkbox"/> Other <i>(please specify)</i> :	

***Education allowance being applied for (Please check all that apply):***

School Supplies and Fees   
  Public Transit (WFN Members only)

### INFORMATION RELEASE AUTHORIZATION

I hereby consent to the release of attendance and registration records from my child's school officials to Westbank First Nation (WFN) for the purpose of confirming eligibility for education assistance.

Please make education allowance funds payable to:  Student  My Parent/Guardian by:

Cheque delivered by:  Pick up at Community Services     Mail  
 Direct deposit *(Electronic Funds Transfer must be set up with WFN)*

Signature <i>(Must be Parent/Guardian if applicant is under 19 years of age)</i>	Date:
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The personal information on this form is collected under section 15 of the WFN Freedom of Information and Protection of Privacy Law and will be used only to evaluate and process Education Allowance applications. Questions may be directed to the Privacy Officer at 250-769-4999.

**Office Use Only**

**School Supplies and Fees**

<input type="checkbox"/> Kindergarten	\$30	Payable in September
<input type="checkbox"/> Grades 1 to 5	\$80	Payable in September
<input type="checkbox"/> Grades 6 to 12	\$150	Payable in September
<input type="checkbox"/> Grades 6 to 12	\$100	Payable in January

**Public Transit**

<input type="checkbox"/> Approved at standard public transit rate	\$
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<b>Total Education Allowance</b>	\$
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Payment Code: 01-2-101000-65215

If the application or a portion thereof is denied, please state the reasons below:

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Name of Education & Social Development Representative	Position
Signature	Date

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