



## ERMINESKIN EDUCATION TRUST FUND

BOX 29, HOBBEWA, ALBERTA T0C 1N0  
PHONE: 780.585.4122 - 585.4123  
TOLL FREE 1.888.903.3383 FAX 780.585.2181

### **The Program Application form is to be used for the following purposes**

1. When an Ermineskin member requests for specific financial assistance as outlined on the application form.
2. When applying for an award of program completion.

### **Instructions:**

- **Step 1.** Application form must be downloaded first. It cannot be emailed.  
(To download the document: Click File then Select Save As... Save the document on your machine)
- **Step 2.** Open your saved file and manually complete the application form. (Hand writing or Type in the document)
- **Step 3.** The application form must be submitted to the E.E.T.F. office by mail, fax, or in person.

Next the Application form



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## PROGRAM APPLICATION FORM (1/2 Pages)

### Program Applied for:

#### In School Services:

- Chief Dan Minde Award
- General Interest Award
- Youth Workshops
- Student Support
- Special Needs
- Tutorial Assistance
- Other

#### Post Secondary Program:

- George Wolfe Award
- Reimbursement of Fees
- Rent Damage Deposit
- Housing Subsidy
- Student Support
- Tutorial Assistance
- Other

Specify:

Specify:

#### ADULT CONTINUING EDUCATION:

- Allowance
- Outreach Program
- Other

Specify:

#### Personal Data:

L. Name:

F. Name:

Initial:

Treaty #:

Address:

City:

Province:

Postal Code:

# PROGRAM APPLICATION FORM (2/2 Pages)

Home Telephone:

Business/School Telephone:

**Reason for Application:**

**\*\* ANY STUDENT OR PARENT WHO ABUSES ANY PROGRAM OF THE ERMINESKIN EDUCATION TRUST FUND IN ANY MANNER SHALL FORFEIT THEIR RIGHT TO APPLY TO ANY OTHER PROGRAM OF THE E.E.T.F. UNTIL SUCH TIME THAT HE/SHE MAKES AMENDS TO THIS OFFICE.**

**I HEREBY CERTIFY THE INFORMATION GIVEN ABOVE IS COMPLETE AND TRUE.**

**DATE OF APPLICATION**

**SIGNATURE OF APPLICANT**

**PARENT/GUARDIAN SIGNATURE**

## FOR OFFICE USE ONLY:

APPROVED:

DENIED:

Amount Approved \$:

Authorizing Signature :

Date:

**Co-ordinator's Comments :**