



## 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

### SCHOOL SUPPLY FUNDS APPLICATION

#### **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.

Please note: this document consist of three pages including this one



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**HIGH SCHOOL CREDIT INCENTIVE APPLICATION**

**PERSONAL DATA**

LAST NAME : FIRST NAME: INITIAL:

**ADDRESS**

BOX/STREET: CITY/TOWN: POSTAL CODE:

TREATY NO: D.O.B : TELEPHONE:

SCHOOL :

SEMESTER(s)

COMPLETION(s)	COURSE(s)	GRADE.	CREDITS
1			
2			
3			
4			
5			
6			
7			
8			

**BEFORE WE CAN PROCESS THIS APPLICATION A TRNSCRIPT OF MARKS OF COMPLETION MUST BE INCLUDED**

**\*\* ANY STUDENT WHO ABUSES THIS INCENTIVE PROGRAM IN ANY MANNER SHALL FORFEIT HIS/HER RIGHT TO APPLY FOR ANY PROGRAM OF THE E.E.T.F. UNTIL SUCH TIME HE/SHE MAKES AMENDS TO THIS OFFICE**

**SIGNATURE OF APPLICANT**

**DATE**

**FOR OFFICE USE ONLY:**

**In School Co-ordinator's remarks:**

**DIRECTOR'S APPROVAL**

**AMOUNT \$**

**DIRECTOR'S APPROVAL SIGNATURE**

**Date**