

## Kwanlin Dün First Nation (KDFN) - School Supply Bursary Application

**\*\*Child or Children must be Kwanlin Dün First Nation Citizens, registered with the KDFN Citizenship Office\*\***

Approved applicants will receive \$75 per qualifying KDFN student in order to assist with the year's school expenses.

Parent/Guardian Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_

Address: (# & Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Province/Territory) \_\_\_\_\_ (Postal Code) \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### STUDENT INFORMATION:

First & Last Name	Male Female	Date of Birth DD/MM/YR	Wolf or Crow	Name of School Attending	Grade	KDFN Citizen ID # of student	Allocation (office use only)

**Please return this completed application form to either the reception desk at the KDFN Main Administration Building or at the House of Learning by September 15.** Successful applicants may pick up payment from the reception desk at the KDFN Main Administration Building upon notification. If notification is not possible, please allow two weeks processing time. Out of town cheques will be mailed. I give permission for my details to be updated with the KDFN Citizenship Registrar.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**KDFN is interested in ensuring your child has academic success. Schools require written permission for KDFN to contact the school or access information on your child's behalf. In order for KDFN Education staff to best assist the KDFN students, it helps if they are given permission to communicate with school staff. If you agree with allowing the designated KDFN Education staff to have this ability, please sign below.**

I, as a parent/guardian of the above-named students give permission for KDFN Education Staff (CELCS, Managers, Director) to communicate with teachers, school administration and others in matters related to the student, including access to class registration, attendance, student progress, current/previous report cards, graduation status and well-being in school.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date