



Education Allowance Application

Education & Social Development Department, 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)	

School Year

School where the student is attending:

<input type="checkbox"/> sensisyusten House of Learning <input type="checkbox"/> George Pringle 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>):
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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*)

The personal information on this form is collected under section 15 of the Westbank First Nation Freedom of Information and Protection of Privacy Law 2018. The information will be used to evaluate and process Education Allowance applications. If you have any questions about the collection or use of this information, please contact the Privacy Officer at 250-769-4999.

Signature (Must be Parent/Guardian if applicant is under 19 years of age)		Date:
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	\$	
Total Education Allowance	\$	
Payment Code: 01-2-101000-65215		
If the application or a portion thereof is denied, please state the reasons below:		
Name of Education & Social Development Representative		Position
Signature		Date

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