



APPENDIX K

LA RONGE INDIAN BAND POST SECONDARY EDUCATION



Statement of Spousal Financial Responsibility

I, _____ (Please print name of spouse) certify that I am a fully-dependent spouse of _____ (Please print name of student).

- I am not receiving income from any other source.
- I am not working full-time.

Spouse Date of Birth - _____ **Spouse** Band Name

Spouse Social Insurance Number - _____ **Spouse** Signature

Spouse Social Insurance Number _____ Treaty Number

 X
 Student Signature _____ Date

 X
 Witness _____ Date

** Please include a copy of the Revenue Canada Assessment for spousal eligibility. **
** Spouse must be identified as a dependent **