



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

_____	X
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 **