



## APPENDIX K

### LA RONGE INDIAN BAND POST-SECONDARY EDUCATION



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## *Statement of Spousal Financial Responsibility*

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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 Signature

Date

\_\_\_\_\_  
Student Signature

Date

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