



## 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 Signature

Date

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

Date

***\* Please include a copy of the Revenue Canada Assessment for spousal eligibility. \****

***\* Spouse must be identified as a dependent \****