



APPENDIX C

LA RONGE INDIAN BAND POST-SECONDARY EDUCATION



Financial Assistance for Travel

STUDENTS FULL NAME:

STUDENT DATE OF BIRTH:

STUDENTS CURRENT MAILING ADDRESS WITH
POSTAL CODE:

STUDENTS 10 DIGIT TREATY NUMBER:

Mileage request break down:

Expected date of travel: _____

Place of study traveling from: _____

Reserve Community traveling to: _____

Number of Kilometers one way: _____ One way trip Round trip

Please Direct Deposit my travel assistance in the same account I receive my living allowance:

Yes Student initials: _____

No ~ alternative arrangements are outlined:

I declare that all the information provided is true and complete and I make this solemn declaration believing it to be true knowing that it is of the same force and effect as if under oath.

X

Student Signature

Date