



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 ****