



APPENDIX L

LA RONGE INDIAN BAND POST SECONDARY EDUCATION



RELOCATION SUPPORT

STUDENT NAME: _____

DATE OF BIRTH: _____

STUDENT TREATY NO: _____

STUDENT ADDRESS _____

PLEASE NOTE: This will only occur twice in the duration of the study period:

DATE OF RELOCATION MOVE (Start of the study period):

DATE OF MOVE BACK TO SAME RESIDENCE (After completion of studies) :

Please Direct Deposit my relocation support 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

Post-Secondary Education
P.O. Box 399
Air Ronge, Saskatchewan
S0J 3G0