

OKANAGAN INDIAN BAND EDUCATION DEPARTMENT

Mailing Address: 12420 Westside Road, Vernon, B.C. V1H 2A4 Telephone: (250) 542-4328 Fax: (250) 542-4990

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PLEASE FILL OUT ONE APPLICATION FOR **EACH** STUDENT

APPLICATION FOR STUDENT SUPPORT SERVICES

Students Name				Students Band #		
Mailing Address				City	Province: BC	
Postal Code	Telephone		Email			
School Attending				Grade		
Activity Requiring Funds						
Amount of funding reque	sted: \$	(а сор	y/actual o	documentat	ion required)	
activities and e	xtracurricular activi	ities. Payme	nts are p	paid directly	year for school related to the school and/or the parent (check box	
 Attach original school activity. 	receipts for the cos	ts of the act	ivity or in	formation sl	howing the costs of the	
Cheque Payable to	o: Parent S	chool 🗌	Other 🗌			
Cheque:	Pick Up 🔲 N	⁄Iail 🗌				
Have you receive	ed funds this school y	year? (Not incl	uding schoo	l supplies or allo	owance)	
☐ YES - A	smount received \$	NO [
SIGNATURE OF PAR	RENT		DATE			