



# Off-reserve Elementary and High School Supplies Assistance Program Application 2017-2018

Please complete all questions. Incomplete applications will not be processed. Applications must be sent to Collaboration Agreement Box 9, PATUANAK SK S0M 2H0

Name of Applicant \_\_\_\_\_

Treaty Number \_\_\_\_\_

Contact Phone Number \_\_\_\_\_ Email address \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Number and Street or box number      Community      Province      Postal Code

Name of all children \* Please include their names, date of birth and a photo of Treaty card/cards

- |    |       |                    |               |                      |
|----|-------|--------------------|---------------|----------------------|
| 1. | _____ | _____              | Date of birth | ____/____/____       |
|    | Name  | Treaty Card Number |               | Year    Month    Day |
| 2. | _____ | _____              | Date of birth | ____/____/____       |
|    | Name  | Treaty Card Number |               | Year    Month    Day |
| 3. | _____ | _____              | Date of birth | ____/____/____       |
|    | Name  | Treaty Card Number |               | Year    Month    Day |
| 4. | _____ | _____              | Date of birth | ____/____/____       |
|    | Name  | Treaty Card Number |               | Year    Month    Day |
| 5. | _____ | _____              | Date of birth | ____/____/____       |
|    | Name  | Treaty Card Number |               | Year    Month    Day |
| 6. | _____ | _____              | Date of birth | ____/____/____       |
|    | Name  | Treaty Card Number |               | Year    Month    Day |
| 7. | _____ | _____              | Date of birth | ____/____/____       |
|    | Name  | Treaty Card Number |               | Year    Month    Day |
| 8. | _____ | _____              | Date of birth | ____/____/____       |
|    | Name  | Treaty Card Number |               | Year    Month    Day |

Name of School where children are registered \_\_\_\_\_ A copy of each child's registration must be provided

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\* Include all actual receipts (mandatory)

Signature \_\_\_\_\_ Date of Submission \_\_\_\_/\_\_\_\_/\_\_\_\_  
Year      Month      Day

If you have questions, please contact Marie Black, Collaboration Agreement Coordinator (306) 396-2055 or email [m.black@erfn.net](mailto:m.black@erfn.net)