

Vuntut Gwitchin First Nation
Department of Education

APPLICATION FORM
For
HIGH SCHOOL HOME SUBSIDY PROGRAM

Last Name: _____ Given Names: _____

Date of Birth: _____ ___Male ___Female

Parent(s) Names: _____

Grade: 10 or 11 or 12 CIRCLE ONE

Name of school you will be attending? _____

BOARDING HOME ADDRESS:

Name of Guardian/s: _____

Home Phone #: _____ Work Phone #: _____

Mailing Address: _____

Emergency Contact Person: _____

Phone Number: _____

Student Signature:

Parent(s) Signature

TD Bank: Transit # _____ Account Type _____

Account number: _____

(Guardian: Please provide this information only if you wish to have your cheques deposited directly. A bank confirmation note is needed to verify your account)