

Name of Applicant

CHAMPAGNE AND AISHIHIK FIRST NATIONS  
Education Policies and Procedures  
Special Circumstances Funding

Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email \_\_\_\_\_

Name of Person/ Company Providing Services: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email \_\_\_\_\_

Type of Service: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Name of Child	Birthdate Day/ Month/Year	Beneficiary or Status Number	Current Grade	School Name

Monthly Cheques are to be issued to: \_\_\_\_\_

ESW Verification: \_\_\_\_\_

\_\_\_\_\_

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

Date Received: \_\_\_\_\_ Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

Reason(s): \_\_\_\_\_

Amount Approved: \_\_\_\_\_