



# U46 EXTRACURRICULAR APPLICATION

Williams Lake Indian Band (WLIB) - Education Department

2672 Indian Drive, Williams Lake, BC V2G 5K9

T: 250-296-3507 F: 250-296-4750 Toll Free: 1-877-856-3507

## PARENT/CAREGIVER:

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

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

Please print clearly and complete the Form Accurately. Making a false claim is unlawful.

## STUDENT INFORMATION

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

MALE  FEMALE  Date of Birth: \_\_\_\_\_ Care Card No.: \_\_\_\_\_

Native Ancestry: Yes  No  Band Name: \_\_\_\_\_

Status Number: \_\_\_\_\_

**(Please provide a copy of Status Card)**

SCHOOL NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

## EXTRACURRICULAR PROGRAM INFORMATION

PROGRAM NAME & CONTACT: \_\_\_\_\_

PROGRAM ADDRESS: \_\_\_\_\_

PROGRAM PHONE NUMBER: \_\_\_\_\_

COST OF PROGRAM: \_\_\_\_\_

BRIEFLY DESCRIBE WHY YOU WOULD LIKE TO TAKE THIS PROGRAM AND HOW IT WILL BENEFIT YOU/STUDENT:

\_\_\_\_\_  
\_\_\_\_\_

### Verification information required on Invoice:

Student's Name

Name of Program with Contact, Mailing & Phone Number

Cost (WLIB \$350.00 maximum contribution per year from April to March)

Please have Program facility fax their invoice:

Attention: Norma Sure, WLIB Education Department

Williams Lake Indian Band Fax No.: 250-296-4750

Or email: [norma.sure@williamslakeband.ca](mailto:norma.sure@williamslakeband.ca)

### WLIB ELIGIBLE CRITERIA TO ACCESS FUNDING FOR AN EXTRACURRICULAR PROGRAM

Available to registered Williams Lake Indian Band students living on/off Reserve and Indigenous Service Canada (ISC) Nominal Roll students. Students in Kindergarten to Grade 12 whom is in good standing at school, and attends on a regular basis, may access Extracurricular Activities Funding per fiscal year; April to March in the amount of \$350.00. Pending funding availability;

Footnotes:

<sup>1</sup> \$350.00 Williams Lake Indian Band – Education Extracurricular funding amount may change without prior notice

\_\_\_\_\_  
PARENT/CAREGIVER SIGNATURE

\_\_\_\_\_  
DATE