

Off-Reserve School Cost Supplement Form for Members of Peerless Trout First Nation

PTFN Trust – Off-Reserve School Cost Supplement Form

Na	me of Applicant	:		
Tre	eaty Number/sta	atus card:		
Ma	ailing Address: _			
1.	Please choose	one of the following for pay	<u>rment:</u>	
	$\ \square$ I prefer to have my Supplement direct deposited; I have attached my banking info			
☐ I prefer to have my Supplement made out in Cheque.				
	 I prefer to have my Supplement deposited in a third-party account (ie: family) (please attached the third-party consent form) 			
2.	Please attach proof of enrollment for each child.			
3.	Please fill out the following:			
	I certify that the child(ren) listed below are: under my care and living in my household and they are PTFN Members under the age of 18, living off of reserve and I am the one financially supporting these schooling costs.			
	Child's Name	Birthdate (D/M/Y)	Treaty Number / Status card	Proof of Enrollment attached

4. Please attach **a void cheque** to have the funds deposited to your bank account. Please return form by the following methods: drop off at the PTFN Trust Department or emailing to Program.assistant@ptfn.net. Payments are subject to staff processing availability, please allow time for processing.

The intent of this program is to offset costs that parents/caregivers face for schooling that are living off-reserve. Each eligible member will receive \$500.00.

If a situation arises where two caregivers try to claim the same child(ren) the payment will go to the one paying the costs (then proof of payments will need to be shown).

For more information, please call 780-649-0666.