

McLeod Lake Indian Band

General Delivery
Main Office (250) 750-4415



McLeod Lake, BC V0J 2G0
Fax: (250) 750-4420

STUDENT POST SECONDARY MONTHLY DECLARATION 2025-2026

Student Name: _____ Report for month of _____

Student ID # _____ Institution Name: _____

Academic Term: FALL ___ Winter ___ Spring ___ Summer ___

Please submit this report to educationcoordinator@mliib.ca by the 15th of each month as part of your funding requirements. Reports received after the deadline may affect your ongoing sponsorship. (i.e.: Report for November LOA is due on October 15th)

Course	% - course attendance	Grade to Date	Instructor Sign

1. Have you added/deleted a course from your schedule? YES NO

If YES, please explain:

2. Please list any changes in your living situation or contact information.
(family status, children etc)

<input type="checkbox"/> <i>I declare this to be true</i> <i>Signature of Student:</i>	<i>Today's Date:</i>
---	-----------------------------