Student Name: _____

Name of Parent/Guardian applying on behalf of a child (if applicable):

_____

Mailing Address: _____

Phone: _____

E-mail: _____

Type of activity applying for: _____

Organization Name: _____

Contact person/phone # at organization: _____

Fee "quote" for activity: _____

Check one that applies:

☐ McLeod Lake Indian Band will pay the fee directly to the organization. The fee quote from the organization is attached.

☐ I (or my parent/guardian) have already paid the fee and would like to be reimbursed (up to $500.00 per child per fiscal year). I am attaching a receipt that shows the organization's name and the amount paid.

Send this application form and a fee quote or receipt (whichever is applicable) to the MLIB office by mail, fax or e-mail:

McLeod Lake Indian Band
General Delivery
McLeod Lake BC V0J 2G0

Fax: 250-750-4420
Email: jware@mlib.ca

Applications can be sent anytime throughout the year (April 1st - March 31st). A MLIB eligible student can apply to the ECA Fund multiple times up to the maximum amount identified. These funds do not accumulate over the years, please use within the timeline. Must be registered and eligible MLIB children between the ages of 4 to 18.

_____ _____
Signature Date

FOR OFFICE USE ONLY	
Date Application Received:	Student Name:
	Code:
Status Number:	
Date of Birth:	Eligible MLIB Member (check if yes): ☐
Approved by:	Signature: