



**Tr'ondëk Hwëch'in Student  
SCHOOL SUPPLIES BURSARY APPLICATION (K – Gr. 12 students)**

**PLEASE NOTE:**

**THIS FORM MUST BE FILLED OUT COMPLETELY AND SIGNED OR IT WILL BE RETURNED TO YOU, WHICH MAY RESULT IN DELAY OF PAYMENT.**

**GENERAL INFORMATION:**

|                  |                    |                             |
|------------------|--------------------|-----------------------------|
| Parent/Guardian: | <hr/>              | <hr/>                       |
|                  | Surname            | First Name & Middle Initial |
| Mailing Address: | <hr/>              | <hr/>                       |
|                  | Street/Box Number  | City/Town                   |
|                  | <hr/>              | <hr/>                       |
|                  | Territory/Province | Postal Code                 |
| Phone:           | <hr/>              | <hr/>                       |
|                  | Daytime Number     | Evening Number              |
| Email:           | <hr/>              |                             |

**APPLICATION DEADLINE IS OCTOBER 4, 2024**

**BURSARY IS VALUED AT \$100 PER STUDENT**

**ALLOW 2-4 WEEKS FOR PROCESSING, PRIOR TO FOLLOWING UP ON THE STATUS OF YOUR APPLICATION.**

## STUDENT INFORMATION:

**STUDENT NAME:** \_\_\_\_\_

Is child a TH Beneficiary?

\*child is registered as a T'ondëk Hwëch'in Citizen

YES

NO

Birth Date:

(dd/mm/yy)

School Attending: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_

School Address: \_\_\_\_\_ School Phone: \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_

Is child a TH Beneficiary?

\*child is registered as a Tr'ondëk Hwëch'in Citizen

YES

NO

Birth Date:

(dd/mm/yy)

School Attending: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_

School Address: \_\_\_\_\_ School Phone: \_\_\_\_\_

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(dd/mm/yy)

School Attending: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_

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**STUDENT NAME:** \_\_\_\_\_

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\*child is registered as a Tr'ondëk Hwëch'in Citizen

YES

NO

Birth Date:

(dd/mm/yy)

School Attending: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_

School Address: \_\_\_\_\_ School Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature, Parent/Guardian

\_\_\_\_\_  
Date

*Please send **completed and signed** forms back by:*

*(A) mail: P.O. Box 599, Dawson City, Yukon, Y0B 1G0;*

*(B) Scan & Email: [education@trondek.ca](mailto:education@trondek.ca)*

***Mähsj Cho!***