



Whitecap Dakota First Nation

WDFN On-Reserve Children's School Supplies Program

April 1, 2021 – March 31, 2022

Program:

- Provides school supplies to Whitecap Dakota First Nation (WDFN) Community members living on-reserve for children attending elementary or high school.

Eligibility:

- Applicant's child(ren) must be a Community member aged 5 to 17 years old and living on-reserve at WDFN.
- Based on the established school supply list provided by the school.
- Applicant's child(ren) must be on nominal roll.
- Confirmation of registration at a school must be provided if child is not currently on WDFN nominal roll.

Approval Process:

- If your child(ren) are not on nominal roll, a formal application must be submitted to the Community School Coordinator by July 15th.
- Applications may be submitted via email or fax to the Community School Coordinator if applying by June 24th.
- If applying after June 24th, applications may be submitted to the Whitecap Band Office via email (receptionbo@whitecapdakota.com) or by fax (306-374-5899).
- A confirmation of approval will be sent to the applicant.

For Further Information Contact:

Community School Coordinator

Kim Buffalo

Phone: 306-370-7058

Fax: 306-477-2606

Email: kbuffalo@whitecapdakota.com



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APPLICATION FORM

WDFN On-Reserve Children's School Supplies Program

April 1, 2022 – March 31, 2023

PART 1: APPLICANT

Parent/Guardian Name: _____

Address: _____ Whitecap SK S7K 2L2

Phone #: _____ (h) _____ (c)

Child(ren)'s Name:

Birthdate:

[Year] [Month] [Day]

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NAME OF SCHOOL CHILD(REN) ATTENDING: _____

[If your children are registered at different schools; please complete a separate application for each school your children are attending]

Parent/Guardian Signature: _____ Date: _____

PART 2: COMMUNITY SCHOOL COORDINATOR

Verified Community Member(s): Yes No G/L: _____

Confirmed on Nominal Roll: Yes No

If not on nominal roll,

Confirmation of School Registration Attached: Yes No

Community School Coordinator

Signature: _____ Date: _____

Email Signed Copy to: wbuffalo@whitecapdakota.com