



ISKATEWIZAAGEGAN NO.39 INDEPENDENT FIRST NATION

**POST SECONDARY PROGRAM**

Kejick P.O. Box 9 ■ Shoal Lake ■ Ontario ■ P0X 1E0

Telephone: (807)733-3340 or (807)733-3621 Fax: (807)733-3635

**STUDENT FUNDING AGREEMENT**

**The sponsored student will:**

1. Maintain minimal grade point average of 2.5 to continue program studies
2. Attend classes regularly
3. Complete course work and submit assignments on time
4. Provide Iskwewizaagegan No. 39 IFN Post-Secondary Counselor with copies of transcripts for each semester completed or at the end of his/her Academic year.

**Failure to adhere to these conditions will result in termination of funding**

I understand that if I withdraw or quit from my program, I will be responsible for reimbursing the Iskwewizaagegan No. 39 IFN for the tuition, books, supplies and allowance cost paid for the year of my withdrawal.

**I have read and agree to meet the above conditions.**

Student: \_\_\_\_\_

Student Number: \_\_\_\_\_

Institute: \_\_\_\_\_

Program: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_