Ts'kw'aylaxw First Nation
Box 2200
Lillooet, BC
V0K 1V0
Ph: (250) 256-4204 Fax: (250) 256-4058

Ts'kw'aylaxw Book Allowance Application
Grades Kindergarten to Twelve
2025 – 2026 School Year

PLEASE FILL IN ALL FIELDS

Make Cheque Payable to:			
Address:	(Physical)		
	(Mailing)		
Phone Number:		Email:	

Student Name	Grade	School	Date of Birth	Band Number	Living on Ts'kw'aylaxw Reserve with you?

By signing below I certify that the above information is true, correct, and complete; I understand that by submitting this application I am confirming I am the parent/guardian of the above child(ren) for whom the child resides with during school months; I am confirming we do not live on another reserve; I understand that any monies not used for the purpose intended, books and supplies for above students, must be repaid by me to Ts'kw'aylaxw Education Department; and I understand that my application will be reviewed and if found false will be denied.

_____ _____

Signature of Parent/Guardian Date

* If all fields are not filled in it will be an incomplete application and will not be processed.
Please email to ap@tskwaylaxw.com

TFN Office Use only				
Department Code	Account number	Bank Account Name	Requested By:	Authorization Signature