



Graduation Incentive Application

High School

ABE

Post Secondary

Student Information

Date of Application: _____

Name of Graduate: _____

DOB: _____ Status number: _____

Student Contact Information

Phone Number: _____ E-Mail Address: _____

Mailing Address: _____

Institute/School Information

School/Institute: _____

Mailing Address: _____

Date of

Graduation/Location: _____

Does the graduating student want a representative from Kahkewistahaw First Nation to attend the grad ceremony? Yes No

Please specify on whom you'd like to attend: _____

Student's Signature: _____

*****Please attach proof of graduation from school (letter) from institution*****