



**FIRST NATIONS
UNIVERSITY
OF CANADA**

SCHOLARSHIP, AWARD AND BURSARY APPLICATION

February 28th Deadline

COMPLETE ALL SECTIONS (PRINT OR TYPE ONLY)

WHEN PREPARING DOCUMENTS TO SUPPORT THIS APPLICATION, REFER TO THE CRITERIA OF THE INDIVIDUAL SCHOLARSHIP, AWARD OR BURSARY FOR WHICH YOU ARE APPLYING.

PLEASE INDICATE THE SCHOLARSHIP, AWARD OR BURSARY YOU ARE APPLYING FOR (ONLY CHECK OFF THE SCHOLARSHIPS YOU ARE ELIGIBLE FOR):

Adam Dreamhealer Prize
BMO Financial Group Stephen Fay Indigenous Business Scholarship
Dr. Oliver Brass Graduate Studies Award
Edna Irene Allan Estate Scholarship
FNUUniv Library Book Award
Freda Ahenakew and Jean Okimāsis nēhiyawēwin Scholarship
Grain and General Services Union Bursary
Jack Adilman Scholarship
Jean Shoebridge Memorial Book Prize
Jerry and Florence Kayseas Scholarship
Joely Bigeagle-Kequahtoway Award
Pro Metal "Every Child Matters" Bursary
The Cooperators Scholarship
Tony Cote Scholarship
Viola Anaquod Single Parent Bursary

Applications must be accompanied with any additional required materials as stated in scholarship criterion as well as the following:

1. A personal statement (no more than 2 pages) which includes your field of study, education goals, and interests. If you are applying for multiple scholarships, please use one (1) paragraph for each scholarship explaining how you qualify.
2. A brief resume outlining education institutes, community involvement, volunteer, and work experience.
3. A monthly budget required if need is a scholarship criterion.

**FORWARD COMPLETED APPLICATION(S) IN A SEALED ENVELOPE TO:
FIRST NATIONS UNIVERSITY OF CANADA SCHOLARSHIP COMMITTEE
C/O STUDENT SUCCESS SERVICES
1 FIRST NATIONS WAY
REGINA SK S4S 7K2**

PLEASE FILL OUT COMPLETELY:

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

ADDRESS: _____ CITY: _____ PROVINCE: _____ POSTALCODE: _____

TELEPHONE: _____ E-MAIL: _____

ARE YOU STATUS: YES [] NO [] TREATY NO: _____

BAND NAME: _____ DISTRICT/PROVINCE: _____

STUDENT NO: _____ PROGRAM: _____

NUMBER OF CREDIT HRS COMPLETED: _____ NUMBER OF CREDIT HRS CURRENTLY ENROLLED IN: _____

MARITAL STATUS: _____ NUMBER OF DEPENDENTS: _____

SOCIAL INSURANCE NUMBER: _____

FUNDING SOURCE: INAC/BAND FUNDING: YES [] NO	AMT \$	_____
STUDENT LOAN: YES [] NO []	AMT \$	_____
OTHER: _____	AMT \$	_____
TOTAL	\$	_____

YOUR SIGNATURE AUTHORIZES RELEASE OF ACADEMIC INFORMATION FROM THE STUDENT SUCCESS SERVICES OFFICE

DATE: _____ SIGNATURE: _____

RECEIVED BY: _____

DATE: _____

PERSONAL STATEMENT:

Students' personal information is collected on this application for the purposes of administration of this award and will be shared with members of the selection committee. The name and program of students who are selected as award recipients may be disclosed to the donor of the award and published in the University's Convocation program. By applying for awards, students consent to the use and disclosure of their personal information as described above.