



# SCHOLARSHIP, AWARD AND BURSARY APPLICATION

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):

## FEBRUARY 28 DEADLINE

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| <input type="checkbox"/> Adam Dreamhealer Prize  | <input type="checkbox"/> Jack Adilman Scholarship                |
| <input type="checkbox"/> BMO Financial Group Indigenous Business Scholarship             | <input type="checkbox"/> Jean Shoebridge Memorial Book Prize     |
| <input type="checkbox"/> Dr. Oliver Brass Graduate Studies Award                         | <input type="checkbox"/> Joely Bigeagle-Kequahtoway Award        |
| <input type="checkbox"/> Edna Irene Allen Estate Scholarship                             | <input type="checkbox"/> Pro Metal "Every Child Matters" Bursary |
| <input type="checkbox"/> FNUiv Library Book Award  | <input type="checkbox"/> Tony Cote Scholarship                   |
| <input type="checkbox"/> Freda Ahenakew and Jean Okimāsis <i>nēhiyawēwin</i> Scholarship | <input type="checkbox"/> Viola Anaquod Single Parent Bursary     |
| <input type="checkbox"/> Grain and General Services Union Bursary                        | <input type="checkbox"/> The Co-operators Scholarship            |
|  | <input type="checkbox"/> Jerry and Florence Kayseas Scholarship  |

### PLEASE FILL OUT COMPLETELY:

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTALCODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

ARE YOU STATUS: YES [ ] NO [ ] TREATY NO: \_\_\_\_\_

BAND NAME: \_\_\_\_\_ DISTRICT/PROVINCE: \_\_\_\_\_

STUDENT NO: \_\_\_\_\_ FACULTY: \_\_\_\_\_

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** \$ \_\_\_\_\_

**APPLICATIONS MUST BE ACCOMPANIED WITH ANY ADDITIONAL REQUIRED MATERIAL AS STATED IN SCHOLARSHIP CRITERIA AS WELL AS THE FOLLOWING:**

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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 PARAGRAPH FOR EACH SCHOLARSHIP EXPLAINING HOW YOU QUALIFY;
2. A BRIEF RESUME OUTLINING EDUCATION INSTITUTES, COMMUNITY INVOLVEMENT, VOLUNTEER AND WORK EXPERIENCE;
3. MONTHLY BUDGET REQUIRED IF NEED IS A SCHOLARSHIP CRITERIA.

**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**

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

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

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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.