



FIRST NATIONS UNIVERSITY OF CANADA SCHOLARSHIP, AWARD AND BURSARY APPLICATION

COMPLETE ENTIRELY (PRINT OR TYPE ONLY) IN 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

- | | |
|---|--|
| <input type="checkbox"/> Adam Dreamhealer Prize | <input type="checkbox"/> Jack Adelman Scholarship |
| <input type="checkbox"/> Grain and General Services Union Bursary | <input type="checkbox"/> FNUniv Library Book Award |
| <input type="checkbox"/> Jean Shoebridge Memorial Book Prize | <input type="checkbox"/> TD Bank Financial Bursary |
| <input type="checkbox"/> K + S Potash Canada Scholarship | <input type="checkbox"/> Edna Irene Allen Estate Scholarship |
| <input type="checkbox"/> Joely Bigeagle-Kequahtoway Award | <input type="checkbox"/> Viola Anaquod Single Parent Bursary |
| <input type="checkbox"/> Dr. Oliver Brass Graduate Studies Award | |

APPLICATIONS MUST BE ACCOMPANIED BY ANY ADDITIONAL REQUIRED MATERIAL AS STATED IN SCHOLARSHIP CRITERIA 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 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.

PLEASE FILL OUT COMPLETELY:

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

ADDRESS: _____ CITY: _____ PROVINCE: _____ POSTAL CODE: _____

TELEPHONE: _____ E-MAIL ADDRESS: _____

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

BAND NAME: _____ DISTRICT/PROVINCE: _____

STUDENT NO: _____ FACULTY: _____

NO. OF CREDIT HRS. COMPLETED: _____ NO. OF CREDIT HRS. CURRENTLY ENROLLED IN: _____

MARITAL STATUS: _____ NO. OF DEPENDENTS: _____

SOCIAL INSURANCE NO. _____

(continued on next page)

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

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**

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

DATE: _____ SIGNATURE: _____

RECEIVED BY: _____ DATE: _____

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.
