



GRANT APPLICATION

EDUCATION

IMPORTANT INFORMATION FOR APPLICANTS

All applicants **MUST** apply with **Naadmaadwiuk** and **Atikameksheng Anishnawbek** and provide confirmation letters from both organizations to be considered for the Education Grant from Atikameksheng Trust.

Please ensure to complete the application in full (**Incomplete applications will not be considered**)

Applicant Information

First Name: _____ Last Name: _____

Street Address: _____ Apartment Number: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Email: _____

Date of Birth: _____ Status Card Number: _____

Institution Information

Name of Institution: _____

Address: _____

Phone Number: _____ Fax Number: _____

Email: _____ Website: _____

Program Start Date: _____ Program End Date: _____

Grant Item Request (Please specify Amounts)

Living Allowance: _____ (\$800.00 per month) L.A. Top Up: _____ (\$400.00 per month)

Tutoring: _____ (Up to \$1500.00 per year) Book/Supplies: _____ (\$300.00 per semester)

Tuition: _____ (Cost for current semester) Bus/Parking: _____ (\$300.00 per semester)

Other: _____ (Please specify required item and amount)

Total Amount Requested: _____



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Documents Required			
DESCRIPTION	YES	NO	N/A
Are you a member of Atikameksheng Anishnawbek?			
Beneficiary Indian Status Card Provided?			
Receipts provided?			
Acceptance letter provided?			
Grades/Transcript provided?			
IEP and/or letter from institution confirming tutoring is required?			
Fees required to be paid directly to service provider? If yes, provide receipt or document of confirmation			
Confirmation of registration from the school or school board provided?			
Confirmation of approval or denial from other funding sources provided?			

Certification and Authorization to confirm personal information:

I certify that the above information and attachments are true, correct and complete. I am aware that by submitting this application online deems the application signed. I am aware that the information in this application and the attached proposal will be used to assess grant eligibility. I give permission to the Atikameksheng Trust to access the information from the following organizations to confirm information provided in my application.

___ **Atikameksheng Anishnawbek Education Dept.**

___ **Naadmaadwiuk**

___ **Other (Please specify)** _____

Applicant Signature: _____

Date: _____

Witness Signature: _____

Date: _____

