Total Amount Requested:



GRANT APPLICATION

EDUCATION

Important Information for Applicants

Please review the **Education Grand Guidelines** prior to completing an education grant application, determine your eligibility prior to submission and ensure all supporting documents are available.

Please ensure to complete the application in full, incomplete applications may not be considered. **Applicant Information** First Name:______ Last Name: _____ Parent/Guardian (if applying on behalf of a minor) Street Address:_____ Apartment Number: _____ City: _____ Province: ____ Postal Code: _____ Phone Number:_____ Email: _____ Date of Birth:_____ Band Registration 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)** Bus/Parking:_____ (\$300.00 Per semester) Book/Supplies:______ (\$300.00 Per semester) Living Allowance:_____ (\$800.00 Per month) Tuition:_____ (Current Semester Cost) Tutoring: _____ (\$1500.00 per year) Other:_____ (Please specify required item and amount)



GRANT APPLICATION

EDUCATION

Documents Required			
Description	Yes	No	N/A
Are you a member of Atikameksheng Anishnawbek?			
Copy of Band registration provided?			
Copy of an acceptance letter from the institution?			
Copy of a registration letter from the institution?			
Copy of your grades/transcript? (Continuing students)			
Fees required to be paid directly to service provider. If yes, provide receipt or document of confirmation.			
Copy of approval or denial from other funding sources provided?			
Copies of invoices, or receipts for tuition, and registration fees/costs?			
IEP and/or letter from the institution confirming tutoring is required?			
Is this application for full time studies?			

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 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.

Witness Signature:	Date:	
Applicant Signature:	Date:	
Other (Please specify)		
Naadmaadwiiuk		
Atikameksheng Anishnawbek		