



GRANT APPLICATION

ELEMENTARY LEVEL EDUCATION AWARDS

Please ensure to complete the application in full.

Applicant Information

Student First Name: _____ Student Last Name: _____

Elementary School Name: _____

Student Address: _____

Phone Number: _____ Email: _____

Status Card Number: _____

Applicant Eligibility

	YES	NO	N/A
Is the student a member of Atikameksheng Anishnawbek?			
Is a copy of the students Status Card provided?			
Copy of Report Card or Transcript provided?			

Elementary Level Education Award Requested

	YES	NO	N/A
Promotion Award			
Graduate Award			

Certification and Authorization to Confirm Personal Information:

I certify that the above information and attachments are true, correct, and complete. I am aware that the information in this application and the attached information 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

_____ Secondary School Name: _____

Applicant Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Atikameksheng Trust

30-1 Reserve Road. Naughton, ON. P0M 2M0

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