



GRANT APPLICATION

Post-Secondary Education Bursary Application

Important Information for Applicants

Please review the [Post-Secondary Education Bursary Guidelines](#) prior to completing a bursary application, determine your eligibility prior to submission and ensure all supporting documents are made 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: _____

Post-Secondary Education Bursary Request

Please provide a description to demonstrate your financial need (provide attachments of supporting documents such as quotes, invoices, receipts):



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Documents Required			
Description	Yes	No	N/A
Are you a member of Atikameksheng Anishnawbek?			
Copy of Band registration provided (ex: status card)?			
Copy of an acceptance letter from the institution?			
Copy of a registration letter from the institution?			
Copies of Supporting Documents such as quotes, invoices, receipts?			
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.

_____ Atikameksheng Anishnawbek

_____ Post-Secondary Institution (Please specify) _____

_____ Other (Please specify) _____

Applicant Signature: _____

Date: _____

Witness Signature: _____

Date: _____