



APPLICANT INFORMATION

Please ensure to complete application in full, incomplete applications might not be considered.

Full Name:
(First, Middle, Last Name)

Beneficiary Name:
(if different from the applicant)

Complete Address:
(Street, City, Province, Postal Code)

Phone Number: **E-Mail:**

Band Registration Number:

Date of Birth: **Teams/Clubs:**

Current Grade Level: **Grade Level in September:**

ELEMENTARY INSTITUTION INFORMATION

Please review the Education Award Guidelines for eligibility.

Name of Institution:

Complete Address:
(Street, City, Province, Postal Code)

Phone Number: **E-Mail:**

Website:

ELEMENTARY AWARD SELECTIONS

Please checkmark your award selections.

Elementary Grades: JK, SK, 1, 2, 3, 4, 5, 6, 7, 8.

Promotion Award: The award is applicable to all elementary students whom are moving on to the next grade level.

Graduation Award: Students are eligible for an elementary graduation award for Grades: SK to 1, and Grade 8 to Grade 9.

Promotion Award Graduation Award

SUPPORTING DOCUMENTS, CHECKLIST, AND AUTHORIZATIONS

Copies of Report Card / Transcript Yes No

Pleasure ensure that supporting documents are included with your grant application. Don't forget to review the Education Award Guidelines for eligibility.

Copies of Band Registration IE: Status Card Included. Yes No

Required Documents include: Band Registration document/s, and a copy of the students final report card or transcript.

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 attached supporting documents 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 and The Elementary Institution listed above. Other: _____

Applicant Signature **Witness Signature**

Applicant Date **Witness Date**

More Information :

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OFFICE HOURS: 8:30AM - 4:30PM EST MON-FRI