



# POST SECONDARY EDUCATION AWARD

## 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:**

**Year of Study:**  **Year of Study in September:**

## POST SECONDARY 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:**

**Program Name:**

## POST SECONDARY AWARD SELECTIONS

Please checkmark your award selections.

**Post Secondary Education: Colleges, Universities, Trades Programs, Training Programs.**

**Promotion Award:** The award is applicable to all post secondary students whom are progressing through their program.

**Graduation Award:** Students are eligible for a post secondary graduation award for the completion of their enrolled program.

Promotion Award       Graduation Award

## SUPPORTING DOCUMENTS, CHECKLIST, AND AUTHORIZATIONS

**Copies of Report Card / Transcript and or Graduation Certificate.**       Yes     No

Please 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, transcript or graduation certificate.

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