



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: **Marital Status:** Single Married Separated Others

Occupation: **Are You A Retiree:** Yes No

POST SECONDARY INSTITUTION INFORMATION

Please review the Bursary Grant Guidelines for eligibility.

Name of Institution:

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

Phone Number: **E-Mail:**

Website: Full time student Part time student

Program attending:

Program Start Date: **Program End Date:**

POST SECONDARY EDUCATION BURSARY REQUEST

Provide a description to demonstrate your financial need (include supporting documents as attachments for invoices, receipts, quotes):

SUPPORTING DOCUMENTS, CHECKLIST, AND AUTHORIZATIONS

- Copies of Receipts, Quotes, Invoices.** Yes No
- Registration, Enrollment, Acceptance letter from the Post Secondary Institution.** Yes No
- Fees to be paid to a Service Provider.** Yes No
- Copies of Band Registration IE: Status Card Included.** Yes No

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

Required Documents include: Band Registration document/s, receipts, invoices or quotes, enrollment, registration and or acceptance letters.

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 Post Secondary Institution listed above. Other:

Applicant Signature **Witness Signature**

Applicant Date **Witness Date**

More Information :

- 31 Reserve Rd, Suite 1, Naughton, ON P0M2M0
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- +1 705 692 2235 (Office)
- +1 705 692 7225 (Fax)
- www.atiktrust.ca
- atiktrust@vianet.ca



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