



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 Scholarship 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

Bus/Parking: **Books/Supplies:**

Living Allowance: **Tuition:**

Tutoring: **Other:**

Total Requested:

Eligible amounts: Bus/Parking up to \$300.00 per semester, Books/Supplies up to \$300 per semester, Living allowance up to \$800.00 per month, Tutoring up to \$1500.00 per year, Tuition cost per semester.

SUPPORTING DOCUMENTS, CHECKLIST, AND AUTHORIZATIONS

Copies of Receipts, Quotes, Tuition, Invoices, registration fees. Yes No **Approval or Denial from other funding sources** Yes No

Registration, Enrollment, Acceptance letter from the Post Secondary Institution. Yes No **Please review the **Scholarship Grant Guidelines** for eligibility requests, incomplete applications may not be considered.**

Fees to be paid to a Service Provider. Yes No **Required Documents include:** Band Registration document/s, tuition/registration fees, enrollment, registration and or acceptance letters, grades, approval or denial letters from other funding sources.

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

Copies of Grades/Transcripts Yes No

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 :

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