



ST'ÁT'IMC

GOVERNMENT SERVICES

St'át'imc Lifelong Learning Scholarship Awards Program



APPLICATION FORM

1. Be sure to read the application carefully, answer each question (please type or print) and sign the Application Form once completed.
2. All applicants must complete the Application Form with the following documents:
 - Completed Scholarship Application Form.
 - Proof of First Nation (status, non-status) Inuit or Metis
 - Letter of Introduction
 - Proof of Enrollment
 - Official Transcripts
 - Recent clear color electronic photograph of head and shoulders in jpg.
 - 2 Reference Letters
 - Current Resume
3. All applicants must be forwarded directly to:

St'át'imc Government Services
St'át'imc Education & Training Manager
Attention: Ms. Laura Grizzlypaws

4. Scholarship applications have two scheduled intakes. ***THREE** Scholarship Awards of \$1000 will be awarded to Undergraduate Students. ***TWO** Scholarship Awards of \$1000 to Health Careers ***TWO** Scholarship Awards of \$5000 to Graduate Students * **TWO** SNCB to individuals focusing on professional development.

APPLICATION OPENS	APPLICATION CLOSES	APPLICATION OPENS	APPLICATION CLOSES
September 15	October 15	January 15	February 15
September 15	October 15	January 15	February 15
September 15	October 15	January 15	February 15

ALL SUPPORT MATERIAL IS DUE ON THE CLOSING DATE WITH THE COMPLETE APPLICATION.

PERSONAL INFORMATION

Student Name
First Name Surname

Status ID **Program of Study**

Tribal Affiliation **Expected Date of Graduation**(mm/yy)

Year of Study

Marital Status Single Married* Sole-Support Parent**

* Is your partner a full-time registered student at a post-secondary institution? Yes No

** Number of dependent children living with you
 **Ages of dependent children living with you

CONTACT INFORMATION

Email

Home Phone **Cell Phone**

Mailing Address

Street Apt/Unit No.

City Province Country Postal Code

DECLARATION

I hereby certify that the information provided on this application is, to the best of my knowledge, true and complete, and I authorize the release of the information contained herein to the appropriate Selection Committee.

Do you agree to the release of such information? Yes No

Students who indicate "No" will not be considered.

I understand that if I receive an award the information I have provided may be subject to verification. Please circle the scholarship award program applicable to you:

Undergraduate Graduate Health Careers SNCB

Student Signature **Date (dd/mm/yy)**

The St'át'imc Government Services is committed to protecting personal data. The data collected from this form is for the specific purpose of awarding a bursary and will be treated confidentially.

INCOME ASSISTANCE (Student Loan or other assistance)

Have you applied for assistance and or awards for the current academic year? Yes No

Have you secured funding support from you're your band? Yes No

When did you last attend/complete a post-secondary program on a full-time basis? _____ / _____
Month Year

FAMILY INFORMATION

Select one: Single Married SSP **Gross Annual Income (\$)** _____

Number of dependents in family _____ **Number attending University/College** _____

If there are special circumstances that limit the support provided by your family, provide details in your "Personal Statement Letter"

MOTOR VEHICLE

Do you own or lease a motor vehicle? Yes No

If Yes, indicate the make, model, approximate value and year:

_____ / _____
Make & Model Year

_____ Approximate Value

INCOME: EMPLOYMENT/OTHER

SUMMER EMPLOYMENT **Gross Summer Earnings (\$)** _____

If you were not employed, or were unable to save a reasonable portion of your earnings, provide details in your "Personal Statement"

SCHOOL YEAR INCOME	Amount Earned (\$)	Income Source
Scholarships, etc.	_____	<input type="checkbox"/> scholarship <input type="checkbox"/> Other
Grants, Bursaries	_____	<input type="checkbox"/> scholarship <input type="checkbox"/> Other
Total	_____	

Are you working part-time during the current academic year? Yes No

If No, have you investigated the possibility of part-time employment? Yes No

Budget Period:	<input type="checkbox"/> September-April (8 months)	<input type="checkbox"/> September to August (12 months)
Have applied or intend to apply for a personal or bank loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Total amount borrowed to date from all sources (including previous loans): _____		

EXPENSES - estimated

Students with families should indicate their total family expenses

Expense Type	Amount (\$)
Tuition
Books
Accommodations _____ per month. Total
Rent* _____ per month. Total
Family _____ per month. Total
Groceries _____ per month. Total
Transportation to school (excluding car-related expenses)
Cost of one return trip home per semester, within St'át'imc Territory
Please specify destination:
Toiletries/Personal Care
Childcare
Utilities, if not included in rent
Other, specify _____
Other, specify _____
*If shared, include only your portion.	
TOTAL EXPENSES

INCOME & FINANCIAL RESOURCES

Students should indicate their total family income after tax and other compulsory deductions.

Income Source	Amount (\$)
Bank balance at the beginning of the academic year prior to paying tuition and accommodation fees.
Net income from work
Spouse's net income (if applicable)
Child tax credit / HST
Parental support (if applicable)
Grants / Scholarships
Other income not declared above, specify
.....
.....
TOTAL INCOME

CALCULATE YOUR FINANCIAL NEED

Based on the information provided above, calculate your financial need. If the Total INCOME is greater than the Total EXPENSES then the Total NEED is zero.

Total INCOME	(\$)
minus		
Total EXPENSES	(\$)
Total NEED	(\$)

PERSONAL STATEMENT

Students who rely on funding from the Scholarship Bursary Programs or other financial aid must budget realistically in order to meet their educational costs. A financial plan provides an opportunity to evaluate progress and make sound decisions.

Please explain: How you plan to finance your studies this school year; and why you require assistance. You may attach a typed letter.

If you have unusual or high expenses you should explain in detail why these expenses are necessary and how you plan to cover the costs. Please provide documentation to confirm these expenses as well as describing how this award will make a difference to you, in the pursuit of your intended program.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

