

## SMITH'S LANDING FIRST NATION EDUCATION DEPARTMENT

## **ONE-TIME BURSARY APPLICATION**

| OFFICE USE ONLY            |
|----------------------------|
|                            |
|                            |
| Date Received – DD/MM/YYYY |

|  | PLEASE SE                             | LECT THE B       | URSARY YOU ARE           | APPLYING F  | OR        |                |           |
|--|---------------------------------------|------------------|--------------------------|---|-----------|----------------|-----------|
| ☐ Successful comple                          | tion of High school: \$               | 500 One-time Bu  | ursary                   |   |           |                |           |
| ☐ Successful comple                          | etion of a Post-Second                | ary Program: \$1 | ,000 One-time Bursary    |   |           |                |           |
|  |                                       |                  |                          |   |           |                |           |
| 1 STUDENT I                                  | NFORMATION                            |                  |                          |   |           |                |           |
| Last Name                                    |                                       |                  | First Name               |   |           |                |           |
|  |                                       |                  |                          |   |           |                |           |
| Middle Name(s)                               |                                       |                  | Previous Last Name(s)    |   |           |                |           |
| Mailing Address                              |                                       |                  | City/Town                |   | Prov/Terr | Postal Code    |           |
| Home Phone                                   | Work/Cell Pho                         | ano.             | Treaty Number            |   |           |                |           |
| nome mone                                    | Work/Cell File                        | me               | 477 -                    |   |           |                |           |
| Email Address                                |                                       |                  | SLFNED Student ID Numl   | ber   |           |                |           |
|  |                                       |                  |                          |   |           |                |           |
| Do you have any out                          | standing debts with Si                | mith's Landing F | irst Nation?             |   |           | □ Ye           | es 🗆 No   |
| If yes, what is the debt                     | for?                                  |                  | What is the outstandir   | ng amount?  |           |                |           |
|  |                                       |                  |                          |   |           |                |           |
|  |                                       |                  |                          |   |           |                |           |
| 2 INSTITUTION                                | ON INFORMATION                        | ON               |                          |   |           |                |           |
| Please attach a co                           | py of your diploma,                   | final transcrip  | ts, or certification doc | cuments.  |           |                |           |
| Institution                                  |                                       |                  | Program                  |   |           |                |           |
| Start Date                                   | End Date                              | Location         |                          | Successfully Obta   | nined     |                |           |
| DD/MM/YYYY                                   |                                       |                  |                          | ☐ License ☐ Certificate ☐ Diploma ☐ Undergraduate ☐ Masters ☐ Doctorate |           |                |           |
|  |                                       |                  |                          | _ ondergrad   | idate = 1 | Masters E Book | orace     |
|  |                                       |                  |                          |   |           |                |           |
|  |                                       |                  |                          |   |           |                |           |
|  | INCOMPL                               | ETE APPLIC       | ATIONS WILL NO           | T BE ACCEPT   | ED        |                |           |
| Plea   | se ensure vou r                       | rovide all r     | equested informa         | ation and do  | cumen     | tation         |           |
|  | , , , , , , , , , , , , , , , , , , , |                  |                          |   |           |                |           |
| Should you have questions or need assistance |                                       |                  |                          | Smith's Landing First Nation  |           |                |           |
| , - , ,                                      | plication, please cor                 |                  | PO Box 1470              |   |           |                |           |
| <b>P:</b> (867) 872-4002                     |                                       |                  |                          |   |           | Fort           | Smith, NT |
| <b>F:</b> (867) 872-5154                     |                                       |                  |                          | X0E 0P0 <b>E:</b> education@slfn196.com                                 |           |                |           |
| T: (877) 339-3329                            |                                       |                  |                          |   | E: ea     | acation@sit    | n196.com  |
|  |                                       |                  |                          |   |           |                |           |
| Office use only:                             |                                       |                  |                          |   |           |                |           |
| SLENED Student                               | t ID: Application                     | nn No:           | Forecast No:             | Approval No:  |           |                |           |