

Treaty 7 Health Careers
Bursary Program
 Application Form



Personal Information:

Last Name:	Initial:	First Name:
Mailing Address:		City/Town:
Province:		Postal Code:
Email:	Treaty 7 Community:	
Home Phone: ()	Mobile: ()	
Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>	Date of Birth: ____/____/____ (yy/mm/dd)	
Marital Status: Single <input type="checkbox"/>	Married <input type="checkbox"/>	Common-law <input type="checkbox"/>
Number & Age of Dependents:		
Current Employment: Currently Working: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Occasionally <input type="checkbox"/> Not Working		

Education:

Name of Institution:	
Name of Program:	
Faculty:	Status: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>
Is this your last year in this program? Yes <input type="checkbox"/> No <input type="checkbox"/>	Month and Year that you will complete your program ____ of ____
Start Date for this Academic Year: (mm/yy)	Identify the credential that you will receive upon graduation. Certificate <input type="checkbox"/> Undergraduate Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Other, please specify: _____
Finish Date for This Academic Year: (mm/yy)	
What year of Study are you entering? (Year the bursary award will be applied to) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	
Length of Program (in Years)? 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	

What Career/Job/Occupation do you desire when you graduate?

Please list the last three schools, colleges or universities that you have attended.

From:	To:	Name of Institution	Program	Credential Granted
(mm/yy)	(mm/yy)			
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Information Source:</u>		
How were you informed about this award? (Please check as many as applies)		
<input type="checkbox"/> College/University	<input type="checkbox"/> Guidance Counselor	<input type="checkbox"/> Website
<input type="checkbox"/> Family Member	<input type="checkbox"/> Health Careers Coordinator	<input type="checkbox"/> Previous Recipient
<input type="checkbox"/> Financial Aid Office	<input type="checkbox"/> My Treaty 7 Community	<input type="checkbox"/> Other: (Please Specify) _____
<input type="checkbox"/> Friend	<input type="checkbox"/> Poster	_____
Did you attend the Scholarship Presentation organized by the Health Careers Coordinator?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, did you find it helpful? <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Application Check-List</u>		
<input type="checkbox"/> Copy of Indian Status (Treaty 7 Community)		
<input type="checkbox"/> Copy of Student I.D. Card		
<input type="checkbox"/> Copy of Current Registration		
<input type="checkbox"/> One page essay on your career goals within the health field and any previous work you have held in your community (if applicable)		
<input type="checkbox"/> Please provide ONE of the following:		
~ Letter of support from either academic instructor or community member		
OR		
~ Reference letter from current or previous employer		
<u>Authorization Information:</u>		

*** Please be advised that should you become a successful recipient of the Treaty 7 Management Corporation Bursary, we ask that you give us your permission to publish your name and photograph on any of our publications and website.

Applicant Signature: _____ Date: _____

DEADLINE IS JANUARY 29, 2010

Please mail or fax applications to:

Janetta Soup
 Health Careers Coordinator
 Treaty 7 Management Corporation
 #101, 12111 40 St. SE
 Calgary, AB
 T2Z 4E6
 Phone: 403.539.0356
 Fax: 403.281.9783
jsoup@treaty7.org