



CHIPPEWAS OF NAWASH UNCEDED FIRST NATION BOARD OF EDUCATION
6 Harbour Road, NEYAASHIINIGMIING, ON N0H 2T0
TEL NO: (519) 534-0882
FAX: (519) 534-5138
E-mail: lanquagenest@nawashfn.ca
APPLICATION FOR ANISHINAABEMOWIN BURSARY
CONFIDENTIAL WHEN COMPLETED

PERSONAL INFORMATION

Registry Number 1220 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Birth Date M D Y			Application Date M D Y		
Surname				First Name			Middle initial
SEX: M <input type="checkbox"/> F <input type="checkbox"/>		EMAIL address:					
MAILING ADDRESS: _____ _____ _____							
POSTAL CODE _____							
Phone #(_____) _____							
Phone #(_____) _____							
Alternative Contact				Phone #			

BURSARY INFORMATION

ACTIVITY	TYPE OF ASSISTANCE	ACTIVITY NAME
<input type="checkbox"/> Course/Program	<input type="checkbox"/> Registration Fees	
<input type="checkbox"/> Workshop	<input type="checkbox"/> Travel Expenses	LOCATION
<input type="checkbox"/> Conference	<input type="checkbox"/> Resource Costs	
<input type="checkbox"/> Resources	<input type="checkbox"/> Other (please specify) _____	START DATE
<input type="checkbox"/> Other (please specify) _____		
PURPOSE AND OBJECTIVE OF REQUEST		

FINANCIAL INFORMATION

Applicant's Budget Outline

COST	REQUESTED BY APPLICANT	OTHER FUNDING SOURCES
Course/Program Fees	\$	
Workshop	\$	
Conference	\$	
Resources	\$	
TOTAL AMOUNT	\$	

MUST include supporting documents

CONSENT AND RELEASE OF INFORMATION

I, _____ of _____
Applicant's NameAddress

Hereby consent to the collection, disclosure and use of my personal information, that is:

1. The application for financial assistance and training request;
2. Information for determining and verifying program eligibility;
3. Information for determining and verifying workshop/conference registration.

I further consent and agree:

To the publication of my name and bursary amount

I declare that all of the above information is complete, true and accurate, and I agree to inform the Chippewas of Nawash Unceded First Nation Education office of any changes which may affect my eligibility for funding. I also declare that I have read, understood, and agree to comply with all definitions, rules and guidelines listed in the Anishinaabemowin Bursary and this application.

Applicant signature

Witness Name

Date

Witness Signature

Date

APPLICANTS RESPONSIBILITY & ACCOUNTABILITY AGREEMENT

I, _____, as an applicant to the Anishinaabemowin Bursary, I agree:
Applicant

- To have **read and understand** the Anishinaabemowin Bursary requirements and limits to assistance.
- To be diligent in my studies by attending classes, workshops or conference sessions as prescribed and completing all assignments and other requirements.
- That it is my responsibility to apply for assistance according to the Anishinaabemowin Bursary requirements.
- To **acknowledge** the Chippewas of Nawash First Nation Board of Education in receipt of funding assistance.

Applicant signature

Witness Signature

Date

Date

REQUIRED DOCUMENTATION ACCORDING TO APPLICATION FUNDING REQUEST

- I have read and understand the Anishinaabemowin Bursary requirements
- Copy of Your Indian Status card (both sides)
- Program/Course Fee & Confirmation of Enrollment
- Course Outline – start and end dates, objective
- Resource Supplies Fees/Quotes – include copies
- Workshop/Conference Outline – event dates, objective, FEES
- Travel Cost Estimate
- Valid E-mail address

Limits to assistance:

- Reimbursements are not eligible for funding assistance
- The Anishinaabemowin Bursary may provide assistance to members once per fiscal year (April 1 – March 31)
- The Anishinaabemowin Bursary is not a full funding bursary – we encourage applicants to seek other avenues of funding assistance
- Maximum amount: **\$1,500.00**

Should you require assistance filling out the Anishinaabemowin Bursary application or have any questions about the bursary please call the Chippewas of Nawash Board of Education Office between the hours of 8:30-4:30 Monday to Friday and we will gladly assist you.
(519) 534-0882

Building Anishinabek Success...Voices For Today and Tomorrow.