



APPENDIX F

LA RONGE INDIAN BAND POST SECONDARY EDUCATION



Scholarship Application

FOR LAC LA RONGE INDIAN BAND MEMBERS ONLY

STUDENT NAME:

DATE OF BIRTH:

STUDENT PHONE NUMBER:

STUDENT E-MAIL

INSTITUTE:

INSTITUTE LOCATION:

NAME OF CERTIFICATION / PROGRAM:

HOW MANY YEARS IS YOUR PROGRAM:

WHAT YEAR ARE YOU CURRENTLY IN?

Cliff Charles Memorial Scholarship (Strategic) Jonas Roberts Scholarship (Academic Excellence)

Please attach extra pages if needed

What are your educational and career goals? _____

Describe the community service (volunteer) and extracurricular activities you have been involved with?

I declare that all the information provided is true and complete and I make this solemn declaration believing it to be true knowing that it is of the same force and effect as if under oath.

X

Student Signature

Date