



LAC LA RONGE INDIAN BAND HEALTH SERVICES INC.

Elder Catherine Charles Health Careers Scholarship Fund

Deadline: **November 1, 2017**

Application Form

Reference the application Guidelines available on the Lac La Ronge Indian Band Website www.llrib.org for instructions on how to complete the application. Applications must be completed in blue or black ink.

Section 1 – INFORMATION SOURCE			
<input type="checkbox"/> College/University	<input type="checkbox"/> Community Agency	<input type="checkbox"/> Family Member	<input type="checkbox"/> Financial Aid Office
<input type="checkbox"/> Friend	<input type="checkbox"/> Guidance Counsellor	<input type="checkbox"/> In remote community	<input type="checkbox"/> In rural community
<input type="checkbox"/> In urban community	<input type="checkbox"/> Magazine	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Poster, Brochure, Flyer
<input type="checkbox"/> Previous recipient	<input type="checkbox"/> Radio	<input type="checkbox"/> Teacher/Professor	<input type="checkbox"/> Website
<input type="checkbox"/> Other (Please Identify)			

Section 2 – PERSONAL and CONTACT INFORMATION					
Family Name	Given Name(s)	Initial(s)	Date of Birth (dd/mm/yy)	Current Age	Gender
					<input type="checkbox"/> Male <input type="checkbox"/> Female
Address While in School:					
Street Address					
City	Province/Territory	Postal Code	Area Code & Telephone # ()		
Mailing address you would like us to use:					
<input type="checkbox"/> School		Email Address (required)			
<input type="checkbox"/> Permanent		Alternative E-Mail Address			

Section 3 – EDUCATION		
Identify the institution you plan to attend?	Is this your last year in this program? <input type="checkbox"/> Yes <input type="checkbox"/> No	What year of study are you entering? (year Scholarship Fund will be applied to) 1 2 3 4 5 6

Length of program (in years)? 1 2 3 4 5 6	Identify the Degree/Diploma that you will receive upon graduation. <input type="checkbox"/> Certificate Diploma Undergraduate Degree Graduate <input type="checkbox"/> Other, specify _____		
Year you will complete your program?	What is the name of your program?		
Start date this academic year (dd/mm/yy)	Finish date for this academic year? (dd/mm/yy)	What job/career/occupation do you hope to have when you graduate?	
Please list the last three schools, colleges, or universities that you have attended.			
FROM (mm.yy)	TO (mm/yy)	NAME OF INSTITUTION PROGRAM	Degree/Diploma Granted
Section 4 – INVOLVEMENT and CONTRIBUTION to the COMMUNITY			
<p>This is an award for the Lac La Ronge Indian Band Members; therefore your involvement/engagement/participation in the community is of utmost importance.</p> <p>Your letter of introduction should include the following:</p> <ul style="list-style-type: none"> • Tell us about where you were born, where you grew up and about your family & community. • State your reason for choosing your field of study. • Demonstrate your contribution and ongoing involvement in the community. 			

Section 5 –DECLARATION and CONSENT

My signature below confirms that:

I am aware of the mandatory documents listed below are **due November 1, 2017** no exceptions or my application remains incomplete and will not be reviewed by the Scholarship Committee:

- One current LLRIB HS Health Careers Scholarship Application Form fully completed and signed in the designated areas.
- Proof of Lac La Ronge Indian Band Status.
- Letter of Personal Introduction (minimum 500 words, maximum 1,000 words).
- Letter of Reference from an Instructor.
- Letter of Reference from a Community Elder.
- Original Official Transcript from your present or most recent academic year.
- Confirmation of enrolment that you are registered as a full-time student

I have read and fully understand the guidelines that govern the application and Scholarship Committee process, and I have provided answers to all questions which apply to me.

I certify that all information contained on this form is true and correct. I understand that any false statements intentionally given on this application, by e-mail, or telephone will disqualify my application and will affect my ability to access future funding.

I acknowledge that if my application package does not include all the required documents my application will be deemed ineligible. I also recognize that it is my responsibility to ensure that all supporting documents are received the LLRIB Health Services office by the deadline. For example Official transcripts being mailed directly to LLRIB Health Services by the school.

Applicant's Signature: _____ Date: _____

FOR LLRIB HEALTH SERVICES INC. OFFICE USE ONLY

Most recent grade average is _____ OFFICIAL GRADE TRANSCRIPT MANDATORY

Contact LLRIB-Health Services By:	Mail Completed forms to:	Drop off at:
Tele (306) 425-3600 Direct (306) 425-1705	Attention: Scholarship Committee <i>c/o Ruth Thompson, Executive Assistant</i> Lac La Ronge Indian Band Health Services Inc. P.O. Box 1770 La Ronge, SK S0J 1L0	Jeannie Bird Clinic Fairchild Reserve 334 Wilson Charles Street