



# 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:

TREATY NUMBER:

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

**Please include the following: scholarship application, cover letter, 2 reference letters, transcripts of the last two semesters and current class registration.**