



Chief Joe Mathias British Columbia Aboriginal Scholarship Fund

Scholarship Application Form

1. Be sure to read the application carefully, answer each question (please type or print) and sign this Application Form.
2. All applicants must complete Part I of this Application Form.
3. All applicants must also complete the additional Part of this Application Form that applies to the scholarship they are applying for, that is, either Part II *or* Part III:

Part II — Entrance or Undergraduate Scholarship, *or*
Part III — Post-Graduate Scholarship
4. All applications must be forwarded directly to:

Board of Directors
Chief Joe Mathias British Columbia Scholarship Fund
c/o 113 – 100 Park Royal South
West Vancouver, BC
V7T 1A2

Attention: Ms. Christa Williams
5. **Scholarship applications are due (and must be received) by June 15th of each year.**
6. If you have any questions, please contact the Chief Joe Mathias British Columbia Scholarship Fund at the address provided in paragraph 4 above, or email to christaw@fnesc.bc.ca
7. Please include the following with our application:
 - 2 letters of reference from faculty, supervisor or employer, or, if applying for an entrance scholarship, from two references as required by paragraph 2.12
 - Grade transcripts
 - Proof of registration confirming your admission to your program of study
 - Resume or CV
 - A letter of introduction. Include any information that will make your request a compelling one and special considerations the Board should know
 - Letter from person in authority required under paragraph 1.19 below

ALL SUPPORT MATERIAL IS DUE ON DEADLINE DATE OF JUNE 15TH.

Part I — All Applicants Must Complete This Part

(Insert additional page(s) if required)

1.0 Which scholarship are you applying for: Entrance Undergraduate Graduate

1.1 Surname: _____ Given Name and Initials: _____

If you have changed your name since you last applied, please indicate your previous surname:

1.2 Street Address: _____

City: _____ Province: _____

Postal Code: _____ Phone: _____

1.3 Mailing Address: as above, or:

Street Address: _____

City: _____ Province: _____

Postal Code: _____ Phone: _____

1.4 Date of Birth: ____ / ____ / ____ (Day/Month/Year) Social Insurance Number: ____ / ____ / ____

1.5 Province(s) of residence for the five year period before starting full-time studies was:

British Columbia Other(s) (Specify, with dates of residence.)

1.6 Next of Kin (use someone not living with you): _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Relationship to Applicant: _____

1.7 Have you applied for or received a Chief Joe Mathias British Columbia Aboriginal Scholarship before?

Yes No

If yes, please indicate:

a) the type of scholarship _____ b) year _____ c) value of award _____

1.8 If you are applying for a Canada Student Loan/British Columbia Student Loan/Other Canadian Provincial Student Loan, please indicate:

a) Canada Student Loan Amount Applied for \$ _____

Date of application: _____ Type of program applied for: _____

Value of Assistance (if known): _____

b) British Columbia Student Loan Amount Applied for \$ _____

Date of application: _____ Type of program applied for: _____

Value of Assistance (if known): _____

c) Other Canadian Provincial Loan Amount Applied for \$ _____

Name of Province: _____

Date of application: _____ Type of program applied for: _____

Value of Assistance (if known): _____

1.9 Have you approached your First Nation/Community for funding? Yes No

If **No**, state why _____

Has your First Nation agreed to fund you? Yes No

How much will you receive? \$ _____ If **No**, state why _____

1.10 What other funding sources have you explored? *Examples:* Corporate Scholarships, Student Loan, University Bursaries

Name _____ Contact _____ Phone _____

Name _____ Contact _____ Phone _____

Name _____ Contact _____ Phone _____

1.11 Are you receiving funding assistance from any other sources for your education costs or living expenses?
 Yes No

If yes, what sources and what amounts?

Source _____ Amount _____

1.12 Are One or Both Parents Employed? One or Two **OR** Is Your Partner Employed? Yes No

Father's Employer _____ Mother's Employer _____

Address _____ Address _____

Address _____ Address _____

Phone _____ Phone _____

1.13 Is your family or partner able to contribute to your education costs or living expenses? Yes No

If **NO**, briefly explain why _____

If yes, how much is family/partner contributing: \$ _____

1.14 Are you currently employed? Yes No

If **NO**, how long have you been out of work? Months _____ Years _____

If **YES**, how long have you been employed? Months _____ Years _____

Name of Employer _____ Contact _____

Address _____ Phone _____

Annual earnings \$ _____ **After Taxes**

Have you had a summer employment or held a p/t employment? Yes No

If **YES**, how much did you earn during that period? \$ _____

- 1.15 a) In the last calendar year, your pre-tax income was \$ _____ and the pre-tax income of your spouse was \$ _____.
- b) In the current calendar year, your pre-tax income will be approximately \$ _____ and the pre-tax income of your spouse will be approximately \$ _____.
- 1.16 How many dependents do you have? (Include spouse) _____.
- 1.17 Expenses: What do you estimate your following expenses will be?

	From January 1 to June 30	From June 30 to December 31	Total
a) Tuition			
b) Text Books			
c) Other Academic Supplies			
d) Accommodation			
e) Food			
f) Transportation			
g) Other (Identify)			
i) _____			
ii) _____			
iii) _____			
iv) _____			
v) _____			
vi) _____			
GRAND TOTAL	\$ _____	\$ _____	\$ _____

1.18 Please describe your involvement within your First Nation community? _____

1.19 Which British Columbia First Nation are you a member or citizen of? _____

Enclose a letter from a person in authority within the administration of your First Nation verifying your membership or citizenship in the First Nation, together with the person's position, address and telephone number.

Person's name and position _____

Person's telephone number _____

I hereby declare that the information in Part I of this Application Form is correct, that I shall be a full-time student for the academic period stated in this Application Form and that if I discontinue full-time studies during the stated period, I am liable to return all or a portion of any award provided to me.

Date: _____ Signature: _____

Part II — Applicants for Entrance or Undergraduate Scholarships Must Complete this Part

(Insert additional page(s) if required)

This application is for an: (please check appropriate box)

Entrance Scholarship Undergraduate Scholarship

2.0 What program are you enrolled in?

Program: _____

Institution: _____

Location: _____

2.1 Is your program leading towards a: degree certificate diploma

2.2 How long is your program? (NOTE: One year equals 8 months of full-time studies)

1 year 2 years 3 years 4 years

2.3 What year of your studies are you applying for a scholarship for? (Example: year 1 of 4)? Year _____ of _____

2.4 Indicate the date on which your proposed course of study will begin and end for the year in which you are applying for funding:

Begin: ___/___/___ (Day/Month/Year) End: ___/___/___ (Day/Month/Year)

2.5 How many courses equal a full course load in your program? ____ How many courses are you enrolled in? ____

2.6 What was your grade point average for your previous year of full-time studies? _____

2.7 What month and year do you anticipate receiving your degree/certificate/diploma? _____

2.8 As briefly as possible indicate to the committee your goals and aspirations upon completion of your studies.
(Insert additional page(s) if required).

UNDERGRADUATE APPLICANTS ONLY:

2.9 The following documents are required:

a) a letter from the post-secondary educational institution verifying your enrollment or a copy of your current registration form

b) a transcript of your last period of study must be sent directly to the Board of Directors

ENTRANCE APPLICANTS ONLY (questions 2.10 through 2.13):

2.10 Education: Have you completed high school? Yes No

If yes, Name of School: _____

Location: _____ Year: _____

2.11 Have you ever enrolled in or completed a post-secondary education program? Yes No

Program: _____

Institution: _____ Year: _____

Did you graduate? Yes No

2.12 If you have not completed high school you must provide the names and addresses of 2 references (not relatives):

Name: _____

Name: _____

Address: _____

Address: _____

City: _____

City: _____

Province: _____ Postal Code: _____

Province: _____ Postal Code: _____

Telephone: _____

Telephone: _____

2.13 The following documents are required:

- a) a letter or class registration form from the post-secondary educational institution verifying your enrollment
- b) Grade 12 transcript if applicant completed high school

I hereby declare that the information provided in Part II of this Application Form is correct, that I shall be a full-time student for the academic period stated in this application and that if I discontinue full-time studies during the stated period, I am liable to return all or a portion of any award provided to me.

Date: _____ Signature: _____

Part III — Applicants for Graduate Scholarships Must Complete this Part

(Insert additional page(s) if required)

3.0 Please indicate the program you are enrolled in: Masters Doctorate

Field: _____

Institution: _____

Location: _____

3.1	Previous degree(s)	Institution and Location	Grade Average	Year
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

3.2 What awards have you received or will be entitled to (including teaching assistanceships) during this academic year?

Type _____ Value _____

3.3 When did you begin your masters/doctorate program? Month: _____ Year: _____

When do you anticipate graduation? Month: _____ Year: _____

Indicate the dates on which you begin and end classes and/or research for the year for which you are applying for a scholarship.

Begin: ___ / ___ / ___ (Day/Month/Year) End: ___ / ___ / ___ (Day/Month/Year)

3.4 Provide the names and numbers of courses you have taken or will be taking to complete your degree. (Insert additional page(s) if required)

- | | |
|----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |

