

# Big Grassy River First Nation - New Gold Bursary Application

## SECTION 1

INFORMATION SOURCE	Mark 'X'	
How did you learn about this bursary? (Check all that apply)	Website	
	Community Agency/Office	
	Post-Secondary Coordinator	
	Friend/Family/Community Member	
	Newsletter	
	Band Employee/Chief/Councillor	

## SECTION 2

PERSONAL INFORMATION		CONTACT INFORMATION	
LAST NAME:		ADDRESS:	
FIRST NAME:		TOWN/CITY:	
S.I.N.:		PROVINCE/COUNTRY:	
DATE OF BIRTH:		POSTAL CODE:	
CURRENT AGE:		HOME/CELL NUMBER:	
STATUS NUMBER:		EMAIL ADDRESS:	

## SECTION 3

EDUCATION & WORK EXPERIENCE			
NAME OF INSTITUTION YOU ARE ATTENDING:		ADMISSION CONFIRMED: Indicate YES or NO (if no, application will not be considered)	
PROGRAM NAME:			
START DATE: (mm/dd/yyyy)		END DATE: (mm/dd/yyyy)	
IDENTIFY LEVEL OF EDUCATION SOUGHT: (choose one from this list)	Academic Upgrading, Pre-Trades/Health, Trades, College Certificate, College Diploma, Undergraduate, Graduate (BA, MA, PhD)		
WHAT PROGRAM YEAR YOU ARE IN:		TOTAL LENGTH OF PROGRAM:	
WHAT CAREER/OCCUPATION DO YOU WISH TO HAVE UPON COMPLETION OF YOUR EDUCATION?			
WERE/ARE YOU WORKING DURING ACADEMIC YEAR? circle one    YES    NO    (if no, then proceed to Section 4)			

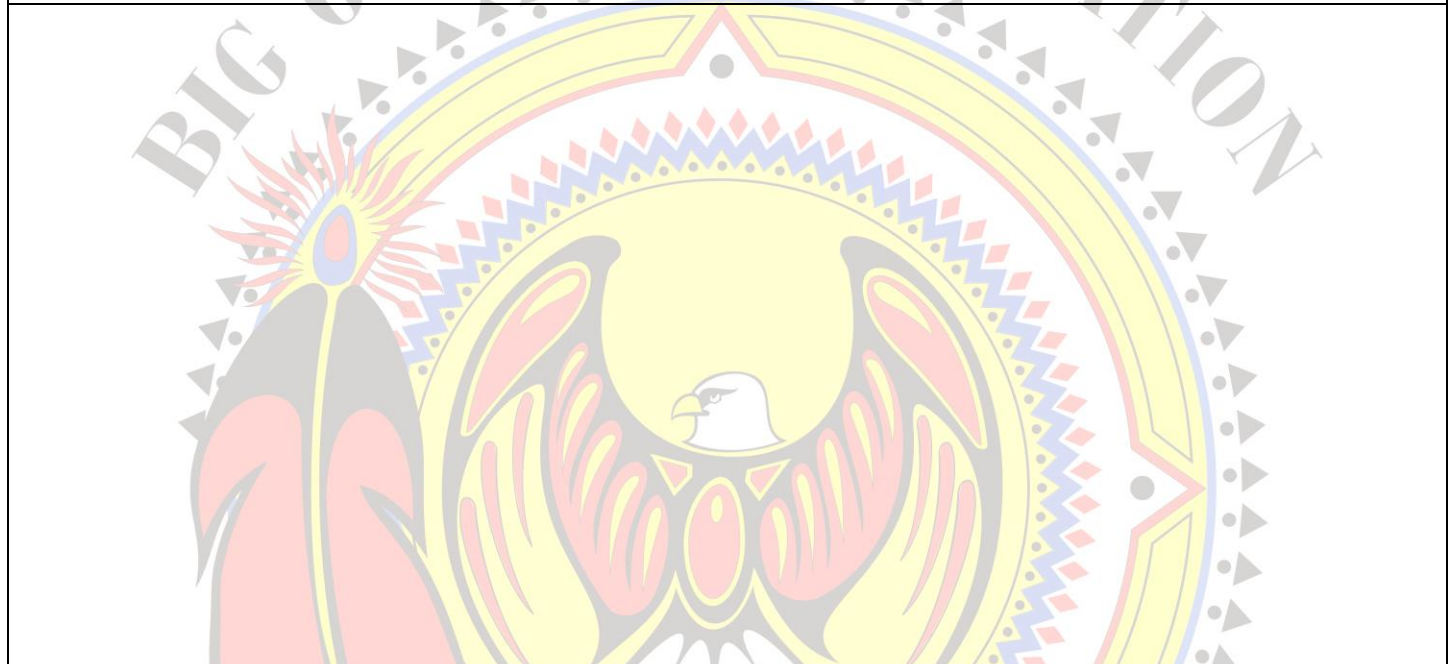
**SECTION 4**

***This is a bursary contribution; therefore your involvement or contribution in your community is of importance. Responses ARE required.***

WHERE WERE YOU BORN?

WHERE DID YOU GROW UP?

TELL US ABOUT YOURSELF AND YOUR COMMUNITY AND YOUR CONTRIBUTION AND/OR INVOLVEMENT IN YOUR COMMUNITY (volunteering, peer tutoring, cultural involvement, etc.) Please elaborate.



***\*\* Please ensure that the essay portion of the bursary application is included. \*\****

By submitting this application, I hereby agree that the Big Grassy River First Nation Post-Secondary Student Support Program (and through the partnership agreement with New Gold, Inc.) has permission to publish my name and/or photo in all news and media sources used by the parties responsible for distribution of the New Gold Bursary.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*\* DO NOT FILL IN THIS AREA \*\***

Date Application Received: \_\_\_\_\_ Post-Secondary Coordinator Signature: \_\_\_\_\_