

# Memo

To: Chief and Council  
From: Mabel Louie  
CC: Education Coordinator  
Date: September 10, 2009  
Re: CSFS Scholarship 2009

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## Scholarship 2009 Nominations:

**Purpose:** To encourage students of Aboriginal ancestry who wish to pursue educational opportunities leading to careers in the health professions CSFS is committed to supporting a student; therefore allocations will be \$100.00 each month until the duration of their completion of a degree, diploma or certificate.

**Who Can Apply:** Carrier Sekani Aboriginal ancestry. Proof of Aboriginal ancestry may be provided in the form of written confirmation from Indian and Northern Affairs Canada, a copy of a valid status membership card or a letter from an official of an accredited Aboriginal organization.

Individuals with a minimum of a "B" grade point average and whose level of education is acceptable for enrolment in a professional health careers program. A Professional health careers program is; post-secondary program in a federally recognized college or university that provides a degree or diploma qualifying graduates for employment in an accredited health career professions, such as medicine, nursing, dentistry, health administration, Traditional Medicine, etc. (Please demonstrate connection to the field of Health).

## How to Apply:

Please read the instructions on the application form carefully. All required documentation should be included with the completed application form. All mailed applications will be accepted if the postmark is on, or before, the application deadline. For more information on this program, please contact CSFS Vanderhoof office or email. You can also call the toll free phone number: 1-866-567-2900.

**Application Deadline is September 25, 2009 4:30pm**

CSFS supports individuals with a demonstrated commitment to a Healthy Life Style.



# Carrier Sekani Family Services

## Scholarship Application

### Personal Information:

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Nation: \_\_\_\_\_ Band No. \_\_\_\_\_

### Education History:

Name of Institution	Program/Field:	Date:	Credits	Full Time/Part Time:	Completion
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### Work Experience:

Employer/Direct Supervisor:	Dates To and From:	Job Title:
_____	_____	_____
_____	_____	_____

### Program of Study:

Education Institution to which you applied to or currently attending: \_\_\_\_\_

Program to which you have applied for or currently \_\_\_\_\_

### Financial Information:

How much support are you receiving from Band or organization: \_\_\_\_\_

What are you anticipated earning during the school year: \_\_\_\_\_

Please specify the need for financial assistance: \_\_\_\_\_

Marital Status:  Single  Married  Other \_\_\_\_\_

**The following must be included: A photocopy of your most recent transcripts, 250 word essay as to your goals, letter of acceptance from your institution.**

This information I have provided in my application for educational assistance is true and complete

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print: \_\_\_\_\_