



NAANDWECHIGE-GAMIG Wikwemikong Health Centre Health Studies Award Program

Dear Student,
Education is a key to achieving your career goals and NAANDWECHIGE-GAMIG Wikwemikong Health Centre would like to help you get there!
This bursary is intended to support Wikwemikong Unceded Indian Reserve Registered Band Members students in their post-secondary studies, which includes College or University Programs.

Required Information

1. Are you a Registered Band Member of Wikwemikong Unceded Indian Reserve Y ES N O
2. You have applied or are currently attending an accredited post-secondary institution in Canada Y ES N O
3. You are a full time student maintaining 60% of full course load that leads to a recognized degree, certificate or diploma Y ES N O

If you answered yes to questions 1-3, you are eligible for the program.

We have 8 awards for students majoring in disciplines unrelated to financial services industry in Nursing, Social Work, Medicine etc.

We welcome your application.

ABOUT MYSELF

| | |
|------------|-----------|
| First Name | Last Name |
|------------|-----------|

Mailing Address:

| | |
|----------------------|----------------|
| Number/Street/PO Box | City /Town: |
| Province: | Postal Code: |
| Telephone: | Email Address: |

Permanent Address (if different form Mailing Address):

| | |
|----------------------|-------------|
| Number/Street/PO Box | City /Town: |
|----------------------|-------------|

Vision: Wholistic well-being of the community.

Mission: To provide access of all opportunities of traditional and western health care to the community.



| | |
|------------|----------------|
| Province: | Postal Code: |
| Telephone: | Email Address: |

| |
|---|
| Band Number/Registration Number (10 digits) |
|---|

PROGRAM OF STUDY FOR WHICH AWARD APPLIES

| | |
|--|-----------------------------|
| <input type="radio"/> College <input type="radio"/> University | Name of Institution: |
| Program / Field: | |
| Start Date: | Expected Date of graduation |

MY PREVIOUS EDUCATION

Please list your post-secondary and secondary studies, starting with the most recent;

| Name of Institution | Program / Field | From - To | Full Time / Part Time | Degree / Diploma Obtained Y/N | Date Obtained |
|---------------------|-----------------|-----------|-----------------------|-------------------------------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |

MY WORK EXPERIENCE (if applicable)

Being with your most recent employer, and include summer and /or part time employment:

| Employer | Position / Title | Length of Employment From - To |
|----------|------------------|--------------------------------|
| | | |
| | | |

MY VOLUNTEER EXPERIENCE (if applicable):

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Please tell us about your community involvement:

| Organization / Company Name | Volunteer Position Title | Length of Involvement From - To | Describe your experience and why you decided to volunteer with this organization |
|-----------------------------|--------------------------|------------------------------------|--|
| | | | |
| | | | |
| | | | |

These short essays will allow the selection committee to learn more about you and understand why you should be considered for an award. Please keep in mind that final selections are based on the information you provide. Please note: To ensure fairness to all applicants, responses must NOT exceed the number of words indicated in each essay question.

MY CAREER OBJECTIVES AND INTERESTS

1. Please describe your career goals and how this award would help you to reach them? (max. 100 words)

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2. Please tell us about your education plan for the next 2 to 4 years. (max. 50 words)

3. Please tell us about both you and your family's involvement in the community. How has it helped to shape the person you are? (max. 100 words)

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4. How might you give back to Wikwemikong Unceded Indian Reserve? (max. 50 words)

HOW AWARD RECIPIENTS ARE SELECTED

A committee of Health Care Professionals and NAANDWECHIGE-GAMIG Wikwemikong Health Centre representatives review all completed applications and makes the final selection of the award recipients primarily based on personal and academic achievements and individual financial need. Successful applicants are notified of the committee's decision by February 11, 2019 and will be presented in February 2019. All decisions of the committee are final.

Only completed application packages will be presented to the selection committee. A completed application package must contain:

- FULLY completed application form
- COPY of your most current transcript
- LETTER of recommendation from a teacher **or** employer **or** member of your community.

Please ensure all supporting documents are received by February 11, 2019 at one of the addresses below. Do not submit more than one application per year.

Fax

1-705.859.3300

Email

mroy@wikyhealth.ca

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Canada Post Mail

NAANDWECHIGE-GAMIG Wikwemikong Health Centre Awards
C/O NAANDWECHIGE-GAMIG Wikwemikong Health Centre
PO Box 101, 16A Complex Drive
Wikwemikong, Ontario
POP 2J0

By checking the "I Agree" box, I agree to all terms and conditions stated herein and also willing to receive job postings from the NAANDWECHIGE-GAMIG Wikwemikong Health Centre via email.

I Agree Signature: _____