



Chilliwack Metis Association

2017 Scholarship Application Form

Application Checklist

- ☐ Personal Information
- ☐ Course Information
- ☐ Living Allowance Information
- ☐ Additional comments
- ☐ Certification of application
- ☐ Letter written on education and employment history, and career or academic goals (first time applicants only)
- ☐ Proof of full-time registration in college or university, or
 - official transcript verifying enrollment (graduate students only)
 - proof of academic performance limitation (students with disability only)
- ☐ Transcripts from last year of school or university – grade point average or grade equivalent
- ☐ Completed and signed application

PERSONAL INFORMATION

First Name	
Last Name	
Previous Names, if any	
Date of Birth (dd/mm/yy)	
Gender	
Marital Status	
Permanent Address (including postal code)	
Mailing address (if different from above)	
Telephone Number(s)	
E-mail	
Do you identify as having Metis ancestry?	

COURSE INFORMATION

Name of Program	
Start Date	
Completion Date	
College, University, or Training Institute	

Tuition, registration, fees	\$
Books, supplies & equipment	\$
Relocation (if applicable)	\$
Other (explain)	\$
Other (explain)	\$
Total Course Costs	\$

Have you applied elsewhere for funding for this program (including student loans)? If yes, provide details.	
Have we funding training for you before? If yes, when?	

MONTHLY LIVING ALLOWANCE INFORMATION

What is your current source of income?	
Do you have any dependents? How many?	
Total monthly income	\$
Rental or mortgage payments	\$
Childcare expenses (after subsidies)	\$
Transportation expenses	\$

Utilities & Phone	\$
Food	\$
Other	\$
Other	\$
Total monthly expenses	\$

Total monthly expenses x total months enrolled	\$
---	----

Total monthly income x total months enrolled	\$
---	----

Total income minus total expenses	\$
--------------------------------------	----

ADDITIONAL COMMENTS

Additional comments that you believe will assist in your funding application:

Additional comments cont'd:

CERTIFICATION OF APPLICATION

I, _____, hereby certify that all information provided in this application is true and factual. I understand that any intentional misrepresentations may result in a denial of my funding.

Client Signature

Date

Legal Guardian's Signature
(required if applicant is under 19 years old)

Date