



# Chief Joe Mathias British Columbia Aboriginal Scholarship Fund

## Scholarship Application Form

Be sure to read this Application Form carefully, answer each question (please type or print) and sign this Application Form.

- Who is eligible? The Society may grant a scholarship only to an individual who is a member of a British Columbia First Nation – that is, either:

  - a member of a British Columbia “band” (within the meaning of the *Indian Act*), or
  - a member or citizen of a British Columbia first nation that is party to a treaty with Canada or with Canada and British Columbia.
- What Parts of this Application Form must be completed? All applicants must complete Part I of this Application Form.

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 -- Entrance or Undergraduate Scholarship, or
  - Part III -- Post-Graduate Scholarship.
- What support material must I provide? Please include the following with your Application Form:

  - 2 letters of reference from faculty, supervisor or employer, or, if applying for an entrance scholarship, from 2 references as required by paragraph 2.12
  - Grade transcripts
  - Proof of registration confirming your admission to your program of study
  - Resume or Curriculum Vitae
  - A letter of introduction. Include any information that will make your request a compelling one and special considerations the Board should know
  - Letter from a person in authority required under paragraph 1.19 below.

***\*Note that all supporting material and the completed application form must be received by June 15, 2018. Incomplete applications will not be considered.***

- Who do I send the completed Application Form and support material to? All applications must be forwarded directly to:

Board of Directors  
Chief Joe Mathias British Columbia Scholarship Fund  
c/o PO Box 49279, Four Bentall Centre  
2800 – 1055 Dunsmuir Street  
Vancouver, BC  
V7X 1P4

Or electronically submitted to [ChiefJoeMathias@gmail.com](mailto:ChiefJoeMathias@gmail.com)

- When is my application due? Scholarship Applications and support material are due, and must be received at, the above address by no later than **June 15<sup>th</sup>, 2018**. Late applications will not be considered.

*If you have any questions, please contact the Chief Joe Mathias British Columbia Scholarship Fund at the address provided in paragraph 3 above, or send an email to [ChiefJoeMathias@gmail.com](mailto:ChiefJoeMathias@gmail.com).*

# 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: \_\_\_\_\_

Email address: \_\_\_\_\_

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: \_\_\_ / \_\_\_ / \_\_\_ (for income tax purposes)

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) year(s) \_\_\_\_\_ b) If received, value of award(s) \_\_\_\_\_

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) _____			
<b>GRAND TOTAL</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

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).

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### 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. _____ |

3.5 Indicate the names and addresses of two academic references (one of whom will be your supervisor).

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Note: the Secretary of the Selection Committee will contact your references directly.

3.6 Provide a brief description of your major research project or thesis (Use separate sheet if necessary).

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3.7 The following documents are required:

- a) letters from two academic references as discussed above
- b) transcripts of the most recent academic session must be submitted directly to the Board of Directors

***I hereby declare that the information provided in Part III 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: \_\_\_\_\_