



Aboriginal Partnership Bursary

Part 1A: Personal Information

First Name:

Last Name:

Mailing Address:

City/town:

Province:

Postal Code:

Home Telephone:

Email Address:

Please check the community you belong to:

Westbank

Westbank First Nations

Campbell River

Wei Wai Kum, Homalco, Kwiakah, Klahoose, North Island Metis,
Mamalilikulla-Qweqwasotem Band, Tlowitsis Tribe, Cape Mudge Band

Duncan

Cowichan Tribes

Part 1B: Post Secondary Institutions (To check your answers, click on the + in the lower right corner)

To which post secondary institutions have you applied or expect to apply for September entrance?

If known, where have you been accepted?

What program do you plan to study?

Part 1C: About You and Your Goals (To check your answers, click on the + in the lower right corner)

Tell us about yourself and why you are applying for this bursary.

Please outline why your financial situation merits a bursary award.

Describe your educational goals and future aspirations.

What accomplishments or achievements are you most proud of? (ie: art/creative work, sports, community volunteer work.)

To submit your application please email this form to aboriginalbursary@londondrugs.com