

Personal Information – Required

Piikani Membership # 436 _____

Last Name

First Name

Birthdate: _____ Age: _____
m/d/y

Gender: (M) _____ (F) _____

Must Be PIIKANI BAND NUMBER

EMAIL Address

Mailing Address

City/Town

Prov.

Postal Code

Home Phone: _____ Work: _____ Other: _____
(Please put a number that you can be reached at, as we will need to contact you)

**PLEASE provide a email address to send correspondence regarding your application,
If you would like to receive potential correspondence by mail please Check Box**

Maximum of 3 Applications Accepted - One request per application form please

Please fill in ONLY the portion that pertains to your request.

See criteria for clarification • Incomplete Applications will not be considered for a scholarship/Award

SCHOLARSHIPS

Please indicate what level of education your scholarship pertains to:

- _____ 1) College/University Preparatory Upgrading
- _____ 2) One – Year College Certificate
- _____ 3) Trades & Technical
- _____ 4) College Diploma
- _____ 5) Undergraduate
- _____ 6) Graduate
- _____ 7) Post Graduate / Professional

Note: only applicants enrolled in or completing a FULL TIME program is eligible for a scholarship.

Institution: _____ Name of Program: _____

Program Start Date: _____ Program End Date: _____

Please attach ALL required documentation to this application form

AWARDS

1) Academic

Name of School: _____ Grade: _____

2) Athletic

Sport: _____ Age: _____ Division: _____ Achievement: _____

3) Piikani Language & Culture

Activity: _____ Age: _____ Achievement: _____

4) Literature & Fine Arts

Activity: _____ Age: _____ Achievement: _____

5) Leadership & Social Development

Activity: _____ Age: _____ Achievement: _____

6) High School Continuing Education Program

High School Attended: _____ Date of Graduation: _____

Post Secondary Institute: _____ Program: _____ Start Date: _____

Graduation Award: Post Secondary Institute: _____

Program: _____ Start Date: _____

High School Attended: _____ Date of Graduation: _____

Declaration of Applicant:

I agree, I will submit proof of participation and other required documents. I hereby verify that all the information I have provided on this form is correct to the best of my knowledge. I agree to consent that PYEF may verify the information as provided above with institution and or other agencies as may be required for statistical purposes and eligibility for a scholarship or award.

Signature of Applicant OR Parent/Legal Guardian

Print Name

Date