



WESTBANK FIRST NATION

St'k'wək'wip SCHOLARSHIP FORM

PERSONAL INFORMATION:

Applicant Name:			
Social Insurance Number: (SIN):			
Mailing Address:			
Province:		Postal Code:	
Birth date: (MM/DD/YYYY)		Status Number:	
Home Phone:		Cell Phone:	
Email Address:			
WFN Arrears/Debt		<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF yes, do you have a payment agreement in place? Explain:			

ACADEMIC INFORMATION:

High School Name:		Year Completed:	
College/University currently attending:			
<input type="checkbox"/> Public Institution		<input type="checkbox"/> Private Institution	
Address:			
Program Enrolled in:			
<input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Masters		<input type="checkbox"/> Full time <input type="checkbox"/> Part Time	
Length of Program (years):	<input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> 4 years		
Currently enrolled in year:	<input type="checkbox"/> 1st year <input type="checkbox"/> 2nd year <input type="checkbox"/> 3rd year <input type="checkbox"/> 4th year		
When do you expect to complete your program: (MM/YYYY)			

REQUIRED DOCUMENTATION:

- Official College or University transcript including a current proof of enrollment. Student must be in good standing and not on academic probation and not have any outstanding fees.
- Minimum 2.5 GPA in most recent semester.
- One Academic reference letter to comment on your capability and commitment to your studies and career goals (include names, telephone numbers & relationship/position)
- Portfolio including other awards and recognition,

A **PERSONAL LETTER** detailing your goals for post-secondary studies, career plans, and summarizing your community involvement.

Community. Leadership. Pride.



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DECLARATION:

I hereby declare that the information on this application is, to the best of my knowledge, correct and complete. I acknowledge that this information will be used to determine my eligibility for bursaries administered by Westbank First Nation retains the right to verify information on my application. If any of the information provided should change, I understand that it is my responsibility to advise Westbank First Nation in writing of any such changes. I also recognize that if I do not fulfill the requirements set out by Westbank First Nation, WFN retains the right to withhold the installment of the bursary.

If this application is approved, I will provide Westbank First Nation with a photo and a brief biographical profile to be published on Westbank First Nation website and in other communications.

Signature		Date::	
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Completed applications are to be submitted to Education Services Office by 4:30pm on the Due date

Incomplete applications will be disqualified.

WESTBANK FIRST NATION, EDUCATION SERVICES

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