



# LAC LA RONGE INDIAN BAND HEALTH SERVICES INC.

## Elder Catherine Charles Health Careers Scholarship Fund

Deadline: **Friday, November 1, 2024**

# Application Form

Reference the application Guidelines available on the Lac La Ronge Indian Band Website [www.llrib.org](http://www.llrib.org) for instructions on how to complete the application. Applications must be completed in blue or black ink.

Section 1 – INFORMATION SOURCE			
<input type="checkbox"/> College/University	<input type="checkbox"/> Community Agency	<input type="checkbox"/> Family Member	<input type="checkbox"/> Financial Aid Office
<input type="checkbox"/> Friend	<input type="checkbox"/> Guidance Counsellor	<input type="checkbox"/> In remote community	<input type="checkbox"/> In rural community
<input type="checkbox"/> In urban community	<input type="checkbox"/> Magazine	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Poster, Brochure, Flyer
<input type="checkbox"/> Previous recipient	<input type="checkbox"/> Radio	<input type="checkbox"/> Teacher/Professor	<input type="checkbox"/> Website
<input type="checkbox"/> Other (Please Identify)			

Section 2 – PERSONAL and CONTACT INFORMATION					
Family Name	Given Name(s)	Initial(s)	Date of Birth (dd/mm/yr)	Current Age	Gender
					<input type="checkbox"/> Male <input type="checkbox"/> Female
Address While in School:					
Street Address					
City	Province/Territory	Postal Code	Area Code & Telephone # (     )		
Mailing address you would like us to use:					
<input type="checkbox"/> School		Email Address (required)			
<input type="checkbox"/> Permanent		Alternative E-Mail Address			

Section 3 – EDUCATION		
Identify the institution you plan to attend?	Is this your last year in this program? <input type="checkbox"/> Yes <input type="checkbox"/> No	What year of study are you entering? <i>(2024 Scholarship Fund will be applied to)</i> <div style="text-align: center;">             1   2   3   4   5   6           </div>

Length of program (in years)? 1   2   3   4   5   6	Identify the Degree/Diploma that you will receive upon graduation. <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Undergraduate Degree <input type="checkbox"/> Graduate <input type="checkbox"/> Other, specify _____
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Year you will complete your program?	What is the name of your program?
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Start date this academic year (dd/mm/yr)	Finish date for this academic year (dd/mm/yr)	What job/career/occupation do you hope to have when you graduate?
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Please list the last three schools, colleges, or universities that you have attended.

FROM (mm/yr)	TO (mm/yr)	NAME OF INSTITUTION	PROGRAM	Degree/Diploma Granted

**Section 4 – INVOLVEMENT and CONTRIBUTION to the COMMUNITY**

This is an award for the Lac La Ronge Indian Band Members, therefore your involvement/engagement/participation in the community is of utmost importance.

Your letter of introduction should include the following:

- Tell us about where you were born, where you grew up and about your family & community.
- State your reason for choosing your field of study.
- Demonstrate your contribution and ongoing involvement in the community.

## Section 5 –DECLARATION and CONSENT

My signature below confirms that:

I am aware of the mandatory documents listed below are **due November 1, 2024**, no exceptions or my application remains incomplete and will not be reviewed by the Scholarship Committee:

- One current LLRIB HS Health Careers Scholarship Application Form fully completed and signed in the designated areas.
- Proof of Lac La Ronge Indian Band Status.
- Letter of Personal Introduction (minimum 500 words, maximum 1,000 words).
- Letter of Reference from an Instructor.
- Letter of Reference from a Community Elder.
- Original Official Transcript from your present or most recent academic year.
- Confirmation of enrolment that you are registered as a full-time student

I have read and fully understand the guidelines that govern the application and Scholarship Committee process, and I have provided answers to all questions which apply to me.

I certify that all information contained on this form is true and correct. I understand that any false statements intentionally given on this application, by e-mail, or telephone will disqualify my application and will affect my ability to access future funding.

I acknowledge that if my application package does not include all the required documents my application will be deemed ineligible. I also recognize that it is my responsibility to ensure that all supporting documents are received the LLRIB Health Services office by the deadline. For example: Official transcripts being mailed directly to LLRIB Health Services by the school.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR LLRIB HEALTH SERVICES INC. OFFICE USE ONLY

Most recent grade average is \_\_\_\_\_ OFFICIAL GRADE TRANSCRIPT MANDATORY

Contact LLRIB-Health Services by:	Mail Completed forms to:	Drop off at:
Tel: (306) 425-3600 Direct: (306) 425-9110 ext. 235 Cell: (306) 420-7053 Email: <a href="mailto:Anna.Sanderson@llribhs.ca">Anna.Sanderson@llribhs.ca</a>	Attention: Scholarship Committee <i>c/o Anna Sanderson, Executive Assistant</i> Lac La Ronge Indian Band Health Services Inc. P.O. Box 1770 La Ronge, Saskatchewan, S0J 1L0	Jeannie Bird Clinic Fairchild Reserve I.R. #156 334 Wilson Charles Street