



**Sioux Lookout First Nations Health Authority Bursary /
Skyler "Sky" Howard Don Meshake Memorial Bursary**

SECTION 1: School / Program Details

Name of Post-Secondary Institution (university, college, Indigenous Institute) or career training program:

Name of program:

Field of Study:

- | | |
|---|---|
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Finance/Business/Human Resources |
| <input type="checkbox"/> Allied Health Professionals | <input type="checkbox"/> Administrative |
| <input type="checkbox"/> Mental Health Services / Social Work | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Health Care Support | <input type="checkbox"/> Medicine |
| <input type="checkbox"/> Health Information Management | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time |

Year of Study:

Anticipated Graduation Date:

SECTION 2: Personal Details (please print)

Last Name:	First Name:	Middle Initial:
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Mailing Address:	City:	Postal Code:
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Current Residence (if different from above)

Cell Phone #:	Alternate Phone #:	Email Address:
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Community Membership

Band/Community Name:	Status Card #:
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REQUIREMENTS

- Proof of Enrollment
- Include a copy of your current marks / transcript (if a returning student)
- Letter of Recommendation
- With your submission, include a personal essay (500 – 1000 words) outlining financial need and how you plan to use your education to improve the health outcomes of First Nations people/communities
- Applicants for the Skyler “Sky” Howard Don Meshake Memorial Bursary to provide an additional 500 word statement outlining athletic participation and achievement

SECTION 3: Acknowledgment & Confirmation

I hereby certify that the information provided in this application is accurate and complete. I understand that incomplete, inaccurate or false statements may cause my application to be rescinded. I understand that all application requirements to this bursary must be met before the identified closing date.

If successful in receiving this bursary, I consent for my name and photo to be used for SLFNHA promotional materials and recruitment initiatives (newsletter, website, Facebook)

Signature of Applicant: _____

Date: _____

SLFNHA Use Only

Date Submitted: _____

- Proof of Enrollment provided
- Academic Transcript provided ; Not Applicable (1st year applicant)
- Letter of Recommendation
- Personal Essay (all applicants)
- Personal Statement about Athletic Participation and Achievement (consideration for Skyler “Sky” Howard Don Meshake Memorial Bursary)

Successful Applicant

Amount Distributed: _____

Date Distributed: _____

Unsuccessful Applicant

Comments: