



**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:
Mailing Address:	City:	Postal Code:

Current Residence (if different from above)

Cell Phone #:	Alternate Phone #:	Email Address:
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Are you a SLFNHA Employee or directly related to a SLFNHA Employee?	<input type="checkbox"/> Yes, I am a SLFNHA Employee <input type="checkbox"/> Yes, I am directly related to a SLFNHA Employee <input type="checkbox"/> No
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See next page

**Community Membership**

Band/Community Name:

Status Card #:

REQUIREMENTS

- ☐ Proof of Enrollment
- ☐ 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 I understand that incomplete, inaccurate or false statements may cause my application to be rescinded.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
- ☐ 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: