Sioux Lookout
First Nations
Health Authority

**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:**

| | |
|---|---|
| ☐ Nursing | ☐ Finance/Business/Human Resources |
| ☐ Allied Health Professionals | ☐ Administrative |
| ☐ Mental Health Services / Social Work | ☐ Information Technology |
| ☐ Health Care Support | ☐ Medicine |
| ☐ Health Information Management | ☐ Other (specify) |
| ☐Full Time | ☐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: |

| | |
|---|---|
| Are you a SLFNHA Employee or directly related to a SLFNHA Employee? | ☐ Yes, I am a SLFNHA Employee<br>☐ Yes, I am directly related to a SLFNHA Employee<br>☐ No |

**See next page**

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| **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 herby 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 I understand that incomplete, inaccurate or false statements may cause my application to be rescinded.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<br><br>☐ Unsuccessful Applicant | Amount Distributed: | Date Distributed: |

Comments: