

FIRST NATIONS CENTRE AT NAHO

FIRST NATIONS HEALTH CAREERS CHALLENGE APPLICATION FORM

To be considered for the Health Careers Challenge,
ALL information requested in this form must be provided.

SECTION A – APPLICANT INFORMATION		
Name:		
Date of Birth:	Sex:	SIN*:
Mailing Address <i>(street, unit, town/city, province, postal code)</i>		
Tel: ()	E-mail:	
Community/First Nation:	Preferred Language:	

***Social Insurance Number:** A social insurance number is required by Revenue Canada and must be supplied in order for a scholarship to be paid out. If you do not have one, apply for one and forward it, when known, to Student Awards & Financial Aid Office and the First Nations Centre.

SECTION B – EDUCATION	
Academic Institution:	
Academic Program:	
Program Length:	Year of Study:
Please provide an explanation of your current field of study and what health careers you plan to achieve through this area of study:	
Please provide an explanation of how your current field of study may positively impact the health of individuals from your community:	
Please provide an explanation of how your current field of study may positively impact the collective health of your community:	

SECTION C – SUPPORTING DOCUMENTATION

HEALTH CAREERS ESSAY

Have you included an essay with your application? **Yes** **No**

An original essay must accompany the application and reflect one of the following themes: Personal Health, Community Health, First Nations Health, Indigenous Health, Traditional & Contemporary Healing and Medicine, Telehealth, or Health Careers.

Essays must be no more than 3 pages in length and adhere to basic MLA formatting: (double spacing, 10-12pt font, Arial font type, 1" page margins, endnotes, citations, etc.)

Essays must be original essays authored by the applicant listed in Section A of the application form.

PROOF OF FINANCIAL DEMAND & STUDENT STATUS

Have you included proof of financial requirements related to attending the program listed in Section B of this application form? **Yes** **No**

Proof of financial requirements related to attending a full time health-related academic program includes: copy of tuition addressed to the applicant listed in Section A of this application.

Have you included proof of full-time status at the post-secondary institution listed in Section B of this application form? **Yes** **No**

Acceptable proof of full-time status includes: a copy of a timetable/schedule listing all classes for the current semester, a letter from the post-secondary institution confirming enrollment in the program listed in Section B of this application.

PROOF OF ANCESTRY

Have you included proof of First Nations ancestry? **Yes** **No**

Proof of ancestry includes: a photocopy of back/front of band/treaty card. Non-status First Nations applicants are required to submit a photocopy of back/front of band/treaty card belonging to parent/grandparent, with a birth/baptismal certificate demonstrating relation to the person.

LETTERS OF RECOMMENDATION

Have you included two letters of recommendation? **Yes** **No**

Letters of recommendation should be provided by faculty of a post-secondary institution and/or individuals currently/previously involved in First Nation health issues.

Please provide contact information for the individuals providing letters of recommendation:

Name & Position

Tel: ()

Name & Position

Tel: ()

