



SCHOLARSHIP FUND APPLICATION FORM – 2014

Alexis Nakota Sioux Nation (ANSN)

PERSONAL INFORMATION

Name of Applicant: _____ Date of Application: _____
First and Last Name (M/D/Y)

Current Address: _____
(Box # / Street) (City / Town) (Province) (Postal Code)

Contact Numbers: _____
Home # Work # Cell #

Email Address: _____

ANSN Membership Number: _____ Date of Birth (D/M/Y): _____

Marital Status (please check one) Single Married Common-law

Name of Spouse: _____ Contact Number: _____
First and Last Name

Name of Guardian: _____ Contact Number: _____

EDUCATION INFORMATION

Which of one of the following Accredited Secondary and Post-Secondary Institutions are you currently attending?

- University
- College
- Technical Institute
- Industrial Training Institute
- Private Institute
- Private Sector / Learning Institute
- High School - Grade 12

Please check one of the following that applies to you, if other, please provide specific information:

Student Full-time Student Part-time

EDUCATIONAL INSTITUTE INFORMATION:

Name of Institution: _____

Name of Student Counselor: _____
(First / Last Name) (Title)

Please check one of the following that applies to you, if other, please provide specific information:

Academic Achievement Equipment Tools Laptop Technical Equipment Audio Visual

Quote provided: Yes No

Applicant's Signature

Date:

Guardian Signature

Date:

OFFICE USE ONLY

Application Form Complete: _____

Signed Disclosure Attached: _____

Supporting document Attached: _____
(Other Resources Checked)

Education Verified: _____

Meets All Criteria? _____

Does Not Meet Criteria: _____

NOT APPROVED: _____

APPROVED: _____

AMOUNT APPROVED: _____

Fund Administrator

Date: