

# BENEFICIARIES SCHOLARSHIPS – AKAITCHO TREATY 8

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## PURPOSE

Dominion Diamond offers scholarships to encourage academic excellence within the communities of Dettah, N'dilo and Lutsel K'e. The scholarship program will assist the Akaitcho people to prepare for future leadership roles in mining and other industries.

## AWARD

The Dominion Diamond Akaitcho Treaty 8 IBA Scholarship Program consists of up to ten scholarships, each worth \$1500.00

## DATES

Deadline for the scholarship application is November 21, 2018. Successful applications will be notified no later than November 30, 2018.

## ELIGIBILITY

Students from the Yellowknives Dene First Nation and Lutsel K'e

Dene First Nation. Applicants must be attending a post-secondary education institution or in on-line studies\* in one or more of the following majors:

- Human Resources Management
- Business Administration
- Education
- Law
- Commerce/Accounting
- Engineering
- Geology
- Health
- Trades
- Other

\*Participants registered in **online studies must meet the following criteria:**

- Be registered in a minimum of 3 courses for the year.
- Have attended a post-secondary institute in the past 24 months.
- Be able to identify that the courses are being completed in a reasonable time frame.

## SELECTION

A committee comprised of representatives from Akaitcho Treaty 8 IBA, communities of Lutsel K'e and Yellowknife will review all applications and make the final selection. Selection criteria are based on:

- personal and scholastic need

- academic achievement, as assessed by submitted transcripts
- attendance at post-secondary institution or in online studies.

Scholarship recipients are expected to return to their community to perform some volunteer work.

## HOW TO APPLY

- Complete application form included with this package
- Complete Course Information Form
- Provide copy of your Certificate of Indian Status
- Submit a 200-word essay on one of the following topics:
  1. How you will benefit from receiving the scholarship and the education
  2. Your First Nation Traditions and Culture
  3. The History of your First Nation



# APPLICATION FORM

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## PERSONAL INFORMATION

First name                      Middle initial                      Family name                      (Previous family name/Maiden name)

Mailing address (number/street/P.O. box)                      Community                      Province/Territory                      Postal Code

Phone                                      Messages                                      SIN                                      Treaty No.

## EDUCATIONAL BACKGROUND

Post-secondary institution (academic or technical): \_\_\_\_\_

Area of study: \_\_\_\_\_

Present year:    1<sup>st</sup> Year \_\_\_\_\_    2<sup>nd</sup> Year \_\_\_\_\_    3<sup>rd</sup> Year \_\_\_\_\_    4<sup>th</sup> Year \_\_\_\_\_

Total Courses enrolled in: \_\_\_\_\_

Total courses completed: \_\_\_\_\_

Grade Point Average (per semester): \_\_\_\_\_

## PRESENT FINANCIAL SUPPORT

Student financial assistance (please specify): \_\_\_\_\_

Scholarship (please specify): \_\_\_\_\_

Other Income (please specify): \_\_\_\_\_

## OTHER INFORMATION

Community involvement: \_\_\_\_\_

Are you interested in summer or part-time employment? \_\_\_\_\_

Date available: \_\_\_\_\_

The information I have provided in my application for education award is true and complete to the best of my knowledge.

**Signature of applicant:** \_\_\_\_\_ **Date of application:** \_\_\_\_\_

## PLEASE FORWARD COMPLETED APPLICATION TO:

Crowe MacKay LLP  
P.O. Box 727  
5103 - 51<sup>st</sup> Street  
Yellowknife, NT X1A 2N5

Phone (867) 920-4404  
Fax (867) 920-4135  
Email [yel.scholarships@crowemackay.ca](mailto:yel.scholarships@crowemackay.ca)



## COURSE INFORMATION FORM

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This form is to be **completed and signed by the registrar's offices** of the educational institute in which you are attending. Applicant Name: \_\_\_\_\_

### INSTITUTE INFORMATION

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Mailing address (number/street/P.O. box)      Community      Province/Territory      Postal Code

\_\_\_\_\_  
Phone                                      Fax                                      Website

\_\_\_\_\_  
Contact Person (completing this form)                                      Phone                                      Email

### COURSE INFORMATION

Present year: 1<sup>st</sup> Year \_\_\_\_\_ 2<sup>nd</sup> Year \_\_\_\_\_ 3<sup>rd</sup> Year \_\_\_\_\_ 4<sup>th</sup> Year \_\_\_\_\_

Course Title: \_\_\_\_\_

If this is a new program, please confirm that the applicant has been officially accepted.     Yes     No

Total Courses currently enrolled in: # \_\_\_\_\_, Descriptions:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Grade Point Average (per semester): \_\_\_\_\_

Has the applicant withdrawn or otherwise unsuccessfully completed any courses in their program?

\_\_\_\_\_ Yes    \_\_\_\_\_ No, If Yes - please describe

\_\_\_\_\_  
\_\_\_\_\_  
**Thank you for taking the time to assist with this scholarship application process, your time is very much appreciated.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_