



DE BEERS GROUP

## YKDFN/Diavik Diamond Mine Scholarship & YKDFN/De Beers Canada Scholarship

*(One (1) Application for both scholarships)*

The Yellowknives Dene First Nation/Diavik Diamond Mine and Yellowknives Dene First Nation/De Beers Canada Scholarship Programs are open for the 2020/21 school year. These scholarship programs were established to encourage YKDFN Beneficiaries to pursue academic excellence.

### Applicant Eligibility Criteria:

- 1) Open to YKDFN Members with permanent Northwest Territories residency;
- 2) Must be enrolled in a recognized, accredited post-secondary institution:
  - a) For the duration of the 2020/21 school year,
  - b) Enrolled with full course load,
  - c) Studying in a designated education field and program such as Aviation, Business, Communications, Education, Engineering, Law, Medicine, Science, Social Sciences, Environmental and Life Sciences, Trades, or final year of academic upgrading (to enter a designated post-secondary program);
- 3) Received minimum a grade point average (GPA) of 2.0 and over, or an academic average of 75% and over from previous post-secondary institution/educational institution last attended.

### Application Requirements:

- 1) One (1) YKDFN General Scholarship Application (attached);
- 2) One (1) current cover letter describing career aspirations addressed to Scholarship Selection Committee;
- 3) Two (2) current reference letters;
- 4) Proof of YKDFN Status and NWT residency by providing photocopies of each (currently dated):
  - a) Treaty Status Card,
  - b) NWT Healthcare Card,
  - c) Drivers Licence or General Identification Card;
- 5) Proof of enrolment and full course load at a recognized accredited post-secondary institution for the school year by providing the following:
  - a) Copy of acceptance letter,
  - b) Declared study in a post-secondary education field and program as per Applicant Eligibility Criteria,
  - c) Copy of registration of courses,
- 6) Provide Official Transcripts (currently dated) for each semester completed:
  - a) First time student must provide past transcripts, if applicable,
  - b) Transcripts from previous post-secondary institution/educational institution last attended

Deadline: **Monday November 2, 2020.**

Applications available at YKDFN Dettah and Ndilo Administration. Incomplete applications will not be considered.

### Address and submit an application to:

Scholarship Selection Committee  
Yellowknives Dene First Nation  
Dettah Administration Office

PO Box 2514, Yellowknife, NT X1A 2P8  
Fax (867) 873-5969  
E-mail [alafferty@ykdene.com](mailto:alafferty@ykdene.com)

### If you require further information, please contact:

Angela Lafferty  
Implementation Coordinator  
Yellowknives Dene First Nation  
Dettah Administration Office

Tel. (867) 873-4307, Ext. 2016  
Fax (867) 873-5969  
E-mail [alafferty@ykdene.com](mailto:alafferty@ykdene.com)  
Website <https://ykdene.com/>



# Yellowknives Dene First Nation General Scholarship Application

PO Box 2514, Yellowknife, NT, X1A 2P8 Tel: (867) 873-4307 Fax (867) 873-5969 E-mail alafferty@ykdene.com

### APPLICANT INFORMATION: (ALL FIELDS MUST BE COMPLETED)

Last Name: (including previous)		First Name:		Middle Name(s):	
Date of Birth (M/D/Y):		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Treaty Registration Number: <b>763</b>	
Permanent Residential/Mailing Address:			Community/City:		Terr/Pro:      Postal Code:
Present Residential/Mailing Address while at school:			Community/City:		Terr/Pro:      Postal Code:
Direct Contact Phone Numbers(s):			E-mail Address:		

### PREVIOUS EDUCATIONAL INSTITUTION ATTENDED: (ALL FIELDS MUST BE COMPLETED)

Educational Institution:			Student ID No:		
Mailing Address:		Community/City:		Terr/Pro:	Postal Code:
Program/Academic Upgrading Subjects:					
Start Date (M/D/Y):		End Date (M/D/Y):		Program Year (1, 2, 3, 4):	
				Grade Point Average:	
Did you receive: (check one) <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Other:			Transcript attached: <input type="checkbox"/> Yes <input type="checkbox"/> No, why not:		

### CURRENT EDUCATIONAL INSTITUTION ATTENDING: (ALL FIELDS MUST BE COMPLETED)

Educational Institution:			Student ID No:		
Mailing Address:		Community/City:		Terr/Pro:	Postal Code:
Which one of the following designated post-secondary education field and program will you be studying?					
<input type="checkbox"/> Academic Study	<input type="checkbox"/> Business	<input type="checkbox"/> Engineering	<input type="checkbox"/> Sc./Environmental/Life Sciences		
<input type="checkbox"/> Upgrading	<input type="checkbox"/> Communications	<input type="checkbox"/> Law	<input type="checkbox"/> Social Sciences		
<input type="checkbox"/> Aviation	<input type="checkbox"/> Education	<input type="checkbox"/> Medicine	<input type="checkbox"/> Trades/Technical		
Program/Academic Upgrading Subjects:					
Start Date (M/D/Y):		End Date (M/D/Y):		Program Year (1, 2, 3, 4):	
				Enrolled: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Program will currently lead to: (check one) <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Other:			Registered in Term(s): <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer		



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### APPLICATION CONTINUED: (ALL FIELDS MUST BE COMPLETED)

Last Name: (including previous)	First Name:	Middle Name(s):												
<p>1. Source of post-secondary financial support:</p> <table border="0"><tr><td><input type="checkbox"/> NWT Student Financial Assistance</td><td><input type="checkbox"/> Other Organization, please specify:</td></tr><tr><td><input type="checkbox"/> Human Resources &amp; Social Development Canada</td><td><input type="checkbox"/> First Nation/Claimant group, please specify:</td></tr><tr><td><input type="checkbox"/> Aboriginal Affairs &amp; Northern Development Canada</td><td><input type="checkbox"/> Other Territorial Agency, please specify:</td></tr><tr><td><input type="checkbox"/> Canada Student Loan</td><td><input type="checkbox"/> Other Federal Agency, please specify:</td></tr><tr><td><input type="checkbox"/> Employer</td><td><input type="checkbox"/> Other, please specify:</td></tr><tr><td><input type="checkbox"/> Self-supporting</td><td></td></tr></table>			<input type="checkbox"/> NWT Student Financial Assistance	<input type="checkbox"/> Other Organization, please specify:	<input type="checkbox"/> Human Resources & Social Development Canada	<input type="checkbox"/> First Nation/Claimant group, please specify:	<input type="checkbox"/> Aboriginal Affairs & Northern Development Canada	<input type="checkbox"/> Other Territorial Agency, please specify:	<input type="checkbox"/> Canada Student Loan	<input type="checkbox"/> Other Federal Agency, please specify:	<input type="checkbox"/> Employer	<input type="checkbox"/> Other, please specify:	<input type="checkbox"/> Self-supporting	
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<input type="checkbox"/> Canada Student Loan	<input type="checkbox"/> Other Federal Agency, please specify:													
<input type="checkbox"/> Employer	<input type="checkbox"/> Other, please specify:													
<input type="checkbox"/> Self-supporting														
<p>2. What were you doing the past 12 months?</p> <p><input type="checkbox"/> Student   <input type="checkbox"/> Employed   <input type="checkbox"/> Seeking Employment   <input type="checkbox"/> Unemployed   <input type="checkbox"/> Other, please explain:</p>														
<p>3. What type of employment or career field are you studying at post-secondary?</p>														
<p>4. What do you think the industry/career field you chosen will be like in the next 10 years?</p>														
<p>5. Why have you decided to pursue and chose this field of study?</p>														
<p>6. What are your plans after graduating from post-secondary?</p>														



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### APPLICATION CONTINUED: (ALL FIELDS MUST BE COMPLETED)

Last Name: (including previous)	First Name:	Middle Name(s):
7. Who in your life has been your biggest influence and why?		
8. Describe how you have demonstrated leadership ability anytime in your life.		
9. Describe your most meaningful achievements.		
10. If you had the authority to change your community in a positive way, what specific changes would you make?		
11. Why are you a good candidate to receive this award?		
12. Are you in financial need of this scholarship/bursary? <input type="checkbox"/> No <input type="checkbox"/> Yes - if yes, what will you use this for?		
13. If you are granted a recipient, where do you want it mailed to: <input type="checkbox"/> Permanent Address <input type="checkbox"/> Present Address		



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### APPLICANT DECLARATION & CONSENT

#### APPLICANT INFORMATION: (ALL FIELDS MUST BE COMPLETED)

Last Name: (including previous)	First Name:	Middle Name(s):

#### EDUCATIONAL INSTITUTION:

Educational Institution:

I, the above Applicant, hereby acknowledge the following conditions:

#### Conditions:

- 1) I declare that:
  - a) I am applying for a scholarship/bursary;
  - b) The information and documents provided in submission is true and complete;
- 2) I agree that:
  - a) My student information may be disclosed between the Yellowknives Dene First Nation and the Educational Institute/Trade School/Organization, named in this application, for the sole purpose of determining my eligibility for a scholarship/bursary and my student financial needs;
  - b) My student information can be entered into the Yellowknives Dene First Nation database;
  - c) I will immediately notify the Yellowknives Dene First Nation in writing of any changes to my application or if I choose to withdraw from the Educational Institute/Trade School/Organization named in this application;
- 3) I understand the:
  - a) Provided information will be subject to verification;
  - b) Submitted information will be the property of Yellowknives Dene First Nation;
  - c) Falsifying or misleading statements will result in my ineligibility to receive a scholarship/bursary;
  - d) The information contained with this application and attachments is shared with Yellowknives Dene First Nation Education Programs and will be kept confidential in a secure fashion and will not be released to any other person/organization/agency outside Yellowknives Dene First Nation for any purposes.
- 4) I consent to:
  - a) Disclose my student information, including but not limited to attendance records, grades, transcripts, documents on program/courses, past training sponsorship/outcomes, between the Yellowknives Dene First Nation and the Educational Institute/ Trade School/Organization named in this application;
  - b) My student information can be entered into the Yellowknives Dene First Nation database;
  - c) Disclose my name, photo, educational institution, field of study, and year of study to promote and advertise the scholarship/bursary if granted a recipient;

By signing, I have read and accept the above outlined conditions.

Applicant Signature: \_\_\_\_\_

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



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### CONFIRMATION OF ENROLMENT

#### STUDENT INFORMATION: (ALL FIELDS MUST BE COMPLETED)

Last Name: (including previous)	First Name:	Middle Name(s):
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I, the above Student, hereby consent to disclose my student information to the Yellowknives Dene First Nation (YKDFN).

Student Signature: \_\_\_\_\_

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

\*Note: Form must be completed and returned by fax to # 1-867-873-5969 or e-mail to [hr@ykdene.com](mailto:hr@ykdene.com).

#### STUDENT ENROLMENT CONFIRMATION: (TO BE COMPLETED BY THE OFFICE OF THE REGISTRAR)

Educational Institution:		
Program:		
Start Date (M/D/Y):	End Date (M/D/Y):	Registered in Term(s): <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer
Study Year: (1 of 2, etc.)	No. of Registered Courses:	Enrolled: (check one) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Program will currently lead to: (check one) <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Other:		
Program is a: (check one) <input type="checkbox"/> Post-Secondary Program <input type="checkbox"/> Upgrading <input type="checkbox"/> Other:		

#### FORM COMPLETED BY REGISTRAR:

Stamp if applicable:	Name of School Official:	
	Title of School Official:	
	E-mail:	Telephone:
	Signature:	Date Completed: (M/D/Y)