

**Please read the application carefully, answer each question fully, and sign the application form.
Please attach all additional supporting documentation to the application form.
Direct all inquiries to your local GDI offices or forward inquiries to:**

Secretary, Selection Committee
Gabriel Dumont Institute of Native Studies and Applied Research
2, 604-22nd Street West
Saskatoon, SK. S7M 5W1
Toll free Telephone: 1-877-488-6888
In Saskatoon: 1-306-242-6070
Email: scholarship@gdi.gdins.org

Application deadline is October 1st and May 1st of each year

APPLICANT INFORMATION

Full Name: _____

Address: _____

Telephone: _____ Cell Phone: _____

Email: _____

Mailing Address (if different from above):

Date of Birth: ____ / ____ / ____ Social Insurance Number: _____
 DD MM YYYY

Are you Métis? Y N

Next of Kin: _____

Relationship to Applicant: _____

Address: _____



GABRIEL DUMONT INSTITUTE
of Native Studies and Applied Research



APPLICATION FORM

PROGRAM INFORMATION

Program of Study: _____ Year of Study (circle one) 1 2 3 4

Type of Accreditation (circle one): Certificate • Diploma • Degree or Other _____

Session Start Date ____/____/____ Session End Date ____/____/____
DD MM YYYY DD MM YYYY

Educational Institution Name: _____

Location of Educational Institution: _____

Anticipated Graduation Date: _____

Are you interested in pursuing a career with SHR upon graduation? Y N

If "Yes" please state field speciality: _____

FINANCIAL INFORMATION

Are you currently applying for or receiving Canada Student Loans? Y N

If yes, Date of Application: _____ Loan Applied For: _____

Value of Assistance (If known): _____

Canada Student Loan: \$ _____ Saskatchewan Student Loan: \$ _____

Number of dependants residing with you _____

Please attach the following supporting documentation:

- ∞ Photocopy of valid Saskatchewan Health Services Card (Both Sides)
- ∞ Enrolment/acceptance letter to verify full time studies in post secondary institute
- ∞ One-page 200 word Biography/essay of your leadership skills and involvement in Métis community
- ∞ An updated resume
- ∞ Submit most recent academic transcripts

I declare that the preceding information is correct, that I shall be a full time student for the academic period of this application and that I understand if I discontinue full time studies during the stated period I am liable to return all or a portion of the award provided to me. If I receive the award applied for herein, I hereby grant permission to the Gabriel Dumont Institute to publicize my name, photo, and course of study, and submitted statement in various media. I further grant permission to the Gabriel Dumont Institute to provide my name, photo, course of study and submitted statement to representatives of the Saskatoon Health Region (SHR) for purposes of publicity and/or career mentorship and employment opportunities.

Signature: _____ Date: _____



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