



EDUCATIONAL FUNDING BURSARY APPLICATION – 2015

APPLICATION DEADLINE: OCTOBER 14, 2017

Each bursary awarded will be \$500.00

SOUTHWEST REGIONAL METIS CENTRE INC. (SRMC)

INSTRUCTIONS & ELIGIBILITY

1. APPLICANT MUST BE REGISTERED AND ATTENDING A FULL TIME POST SECONDARY INSTITUTION
2. APPLICANT MUST BE METIS AND A MEMBER OF THE SOUTHWEST REGION

INSTRUCTIONS

The following information must be included with your application to be considered for the Bursary Award:

1. Completed application form
2. Cover letter that introduces yourself and outlines your career goals. Include in the letter your community involvement and how this bursary will help you financially.
3. Copy of program transcript or proof of enrollment/attendance
4. Proof of Aboriginal Ancestry (i.e. Metis membership, Letter of Reference)

Applications must be received by 4:00 pm to the SRMC Finance Department on or before the application deadline.

Incomplete applications: If time permits (prior to the application deadline) the applicant will be contacted. If no time permits – incomplete applications will not be considered.

Submit completed applications to:

Southwest Regional Metis Centre Inc.
Finance Department
656-6th Street
Brandon, MB R7A 3P1
Email: aallan@southwestmmf.ca
Fax: 204-728-9085



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| Applicant Information | | | | |
|--|-------------------------------|-------------------------------------|--------|--------|
| Last Name: Name: | | First Name: | | Middle |
| Age: | Birth Date: | Male | Female | |
| Home Phone: | Cell Phone: | Email: | | |
| Current address (Present) | | Social Insurance Number: | | |
| City: | Province: | Postal Code: | | |
| Mailing Address (Permanent, if different from above) | | | | |
| City: | Province: | Postal Code: | | |
| METIS INFORMATION | | | | |
| SW MMF Local: | | Membership Number: | | |
| Member Since: | | | | |
| PROGRAM ENROLLMENT | | | | |
| Name of educational institute enrolled in: | | | | |
| Address: | City: | Province: | | |
| Name of Program: | | | | |
| Program Length: | Program Start Date: (MM/YYYY) | Expected Graduation Date: (MM/YYYY) | | |
| I certify that I have carefully read the foregoing application and that the statements made by me are correct. I understand that any information found to be untrue will result in a void application. | | | | |
| Signature of applicant: | | | Date: | |