



# Alberta Indian Investment Corporation & Indian Equity Foundation

## Senator James Gladstone Memorial Scholarship & Sam Bull Memorial Scholarship

### Application

Scholarship applying for (check one):  New Application  Renewal  
 Senator James Gladstone Memorial Scholarship  Sam Bull Memorial Scholarship

#### APPLICANT INFORMATION

Last Name	First Name and Initial	Email
Mailing Address		
Postal Code	Telephone (    ) -	Cell Phone (    ) -
First Nation Community/ Band	Treaty Number	Date of Birth DD/ MM/ YYYY / /
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	Number of Dependents	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

#### PROGRAM OF STUDY

Type of program (mark all that apply) <input type="checkbox"/> Diploma <input type="checkbox"/> Degree	
Name of educational institution(s) in which you are enrolled or have applied to	
Address	Student ID Number
Program	Program Specialization/ Major
Program Outcome <input type="checkbox"/> Diploma <input type="checkbox"/> Degree	What year of this program will you be in? (check one) <input type="checkbox"/> 1 <sup>st</sup> year or less <input type="checkbox"/> 2 <sup>nd</sup> year <input type="checkbox"/> 3 <sup>rd</sup> year <input type="checkbox"/> 4 <sup>th</sup> or 5 <sup>th</sup> year Length of your program of studies (check one) <input type="checkbox"/> 1 year or less <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> 4 or 5 years

#### EDUCATIONAL HISTORY

List in chronological order all of the institutions you have attended, starting with high school through to your present program. Please attach a copy of transcripts from the most recently attended institution.

Institution	Highest Grade/Program Completed	Year of Completion

### WORK EXPERIENCE

Company/ Employer	Position	Start Date	End Date	Reason for Leaving

### CAREER OBJECTIVES

Please describe your career objectives

### INTERESTS

Please describe any special interests, skills, or talents that you possess

### FURTHER COMMENTS

Please add any further comments you would like to make regarding your application

### REFERENCES

Please provide three references who can speak to your community, employment or academic achievements

Name                      Reference type (community, employment, academic)      Phone Number

APPLICATION ATTACHEMENTS

- Completed application form
- Statement of Personal and Academic Objectives
- Proof of enrollment for the upcoming semester in a post-secondary institution
- Transcripts from the post-secondary institution in which you were most recently enrolled

PRIVACY NOTICE AND CONSENT

The information I have provided in my application for the Scholarship is true and complete to the best of my knowledge. I understand that any false or misleading statements will disqualify me from being an eligible applicant.

I consent to the use of my name, award, photo and Statement of Personal and Academic Objectives may be used for the purpose of reporting, advertising and promotion of the scholarship program, without compensation. I understand that the Alberta Indian Investment reserves the right to change, modify and or cancel the scholarship at any time.

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

Applications can be submitted my email at [info@aiicbusiness.org](mailto:info@aiicbusiness.org) , faxed to (780) 470-3605 or mailed to the following address:

Alberta Indian Investment Corporation  
P.O Box 180  
Enoch, Alberta  
T7X 3Y3