

Nunavut Beneficiaries Scholarships

APPLICATION FORM

Send Applications to:

Nunavut Beneficiaries Scholarships
 P.O. Box 469
 Rankin Inlet, Nunavut
 XOC OGO

Toll-Free Phone: 1-866-337-3310
 Toll-Free Fax: 1-866-337-3347

Phone: (867) 645-2888
 Fax: (867) 645-3878

PERSONAL INFORMATION

 First Name Middle Initial Family Name Previous Family Name

 School Address (Number/Street/P.O. Box)

 Community Province/Territory Postal Code Telephone

 Home Address (if different from school address)

 Community Province/Territory Postal Code Telephone

 Social Insurance Number

Are you a beneficiary of the Nunavut Land Claims? Yes No Beneficiary Card # _____

Course Program Name _____

Name of Institution or School _____

Location _____

If applying for second or third year funding, you **MUST** include a copy of your transcripts and grades.

DECLARATION AND SIGNATURE

I declare that the information that I have provided on this application is true to the best of my knowledge. I understand this information will be used to determine my eligibility for the Nunavut Beneficiaries Scholarships Program.

 Day Month Year Signature (in writing)

DO NOTE WRITE HERE For Office Use Only Date Reviewed: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	ADDITIONAL INFORMATION NEEDED: For Office Use Only Comments: Signature: Name (print):
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