

# Michael Melancon-Koffend Award 2022-2023 Application Form

## 1. Eligibility, Timelines, and Submission Options

## Michael Melancon-Koffend Student Award:

The Micahel Melancon-Koffend Award is prized at \$1,000 and awarded to thirteen (13) Indigenous women, Two-Spirit, and/or gender-diverse people in Canada. It is awarded to one person from each Canadian province and territory, who is currently in post-secondary studies. The award is open to all fields of studies.

## **Eligibility Requirements:**

- Must be pursuing post-secondary studies (open to all fields of studies):
- Award is intended for Indigenous women, Two-Spirit, and gender-diverse people.
- Open to all age groups.
- Must demonstrate financial need.
- Priority given to students committed to improving the situation of Indigenous women and gender-diverse people in Canada politically, culturally, economically, or otherwise.

#### Timeline:

- Application deadline: July 15, 2022, at midnight, Eastern Standard Time (EST). NOTE: Applications received after the deadline will not be reviewed.
- Selected students will be notified by August 2022.
- Successful candidates will be announced by mid-September, on our website.
- Awarded funds will be provided to successful candidates by September 30, 2022.

## Choose only ONE (1) way to submit your application:

Select **only one (1)** of the following methods of submitting your application. If you do not receive confirmation within five business days, contact our office directly before resending. Documents can be scanned as PDF and emailed or scanned and faxed. Please ensure that all requested documents are attached.

- 1) <u>Email</u>: Preferred method for application submission. Documentation can be scanned as PDF or mailed. <u>Email to: scholarships@nwac.ca</u>.
- 2) <u>Fax:</u> All documents, application form, and supporting information can be scanned and sent to our secured fax line: 1-613-688-2936.

# 2. Personal Information

| Personal Details   |             |                    |              |  |
|--|-------------|--------------------|--------------|--|
| Name:  |             |                    |              |  |
| Date of Birth:   |             |                    |              |  |
|  |             | Indigenous Ancestr | ry:          |  |
| <ul><li>☐ First Nation</li><li>☐ Inuit</li><li>☐ Métis</li></ul> |             |                    |              |  |
| Contact Information  |             |                    |              |  |
| Mailing Address:   |             |                    |              |  |
| Apt # & Street Addre   | ess:        |                    |              |  |
| City or Community:   |             |                    |              |  |
| Province or Territory  | y:          |                    | Postal Code: |  |
| Home Phone (with a   | area code): |                    |              |  |
| Email Address:   |             |                    |              |  |
| School Email :   |             |                    |              |  |
| Name of School:  |             |                    |              |  |
| Field of Study:  |             |                    |              |  |

| 3. Education History               |                |                           |                  |
|------------------------------------|----------------|---------------------------|------------------|
| High School Education:             |                |                           |                  |
|                                    |                |                           |                  |
| Name of High School                |                |                           |                  |
| Street Address                     | City           | Provinc                   | ce Postal Code   |
| Began Studies (YEAR)               |                | Completed Studies (YEAR)  | )                |
| POST-SECONDARY Education (         | List most rece | nt first):                |                  |
| ,                                  |                | ·                         |                  |
| Name of Post-Secondary Institution |                |                           |                  |
| Street Address                     | City           | Provinc                   | ce Postal Code   |
|                                    |                |                           |                  |
| Degree/Diploma—Field of Study      |                |                           |                  |
| Began Studies (YEAR)               |                | Anticipated Year of Compl | eted (Note Date) |
| POST-SECONDARY Education (         | Previous):     |                           |                  |
|                                    |                |                           |                  |
| Name of Post-Secondary Institution |                |                           |                  |
| Street Address                     | City           | Provinc                   | ce Postal Code   |
| Degree/Diploma—Field of Study      |                |                           |                  |
| Began Studies (YEAR)               |                | Year Completed (Note Da   | te)              |

# 4. 2022-2023 School Year Budget Breakdown

Please provide your income and expenses portions in the below budget for an eight (8) month period. While you may be attending classes for a longer or shorter period, the budget breakdown is over a set time period so we can determine a standard to evaluate applicants on.

| INCOME:  | Provide breakdown, and additional comments or notes as needed: | Eight month<br>TOTAL: |
|--|--|-----------------------|
| Wages:   |  |                       |
| Bursaries/scholarships:  |  |                       |
| Band funding (Post-<br>Secondary Student Support<br>Program funding, or<br>otherwise): |  |                       |
| Student loan:  |  |                       |
| Savings:   |  |                       |
| Government support (Disability support payments, EI, etc.):                            |  |                       |
| Other (Please specify)   |  |                       |
| Other (Please specify):  |  |                       |
|  | INCOME TOTAL:  |                       |

| EXPENSES:                                 | Provide breakdown, and additional comments or notes | Eight month<br>TOTAL: |
|---|---|-----------------------|
|   | as needed:  |                       |
| Tuition and fees:                         |   |                       |
| Books:                                    |   |                       |
| School supplies (NOT including            |   |                       |
| a computer):                              |   |                       |
| Computer and other equipment:             |   |                       |
| Housing/rent:                             |   |                       |
| Utilities (Electric, water, trash):       |   |                       |
| Food (Groceries, eating out,              |   |                       |
| coffee):                                  |   |                       |
| Cell phone:                               |   |                       |
| Internet:                                 |   |                       |
| Home furnishing:                          |   |                       |
| Transportation (bus pass, taxi, vehicle): |   |                       |
| Car insurance/repairs/fuel:               |   |                       |
| Travel (home, or other):                  |   |                       |
| Clothing:                                 |   |                       |
| Entertainment:                            |   |                       |
| Laundry:                                  |   |                       |
| Childcare:                                |   |                       |
| Health insurance (If not under            |   |                       |
| parents or band):                         |   |                       |
| Medicine, personal hygiene items, etc.:   |   |                       |
| Debt repayment (Credit card               |   |                       |
| payment, etc.):                           |   |                       |
| Other expenses (Please specify):          |   |                       |
| carer expenses (Freuse speetry).          | EXPENSE TOTAL:                                      |                       |

## 5. Required Documentation

In order to verify your eligibility for the Michael Melancon-Koffend Award, we require documents specifying your Indigenous ancestry and your participation in post-secondary studies.

| health card (front and back) are accepted.   |
|--|
| Declaration of Indigenous ancestry: Please specify whether you are First Nations (Status or Non-Status), Inuit, or Métis.  |
| Letter of acceptance from the post-secondary institution you will be attending For returning students, provide either a copy of your registration for fall/winter, or a letter from your faculty/department confirming your status as a returning student. |
| Most recent transcripts.   |

Your application will NOT BE PROCESSED if any of the four required documents listed above are missing. Please ensure your application is complete before submitting.

## 6. Student Essay

Please provide a one-page essay (max. 250 words) to describe the following:

- Personal accomplishments, extra-curricular activities, volunteer experience, and involvement/contributions to your Indigenous community.
- Goals following the completion of your studies and how you plan to contribute to the social, legal, and economic well-being of Indigenous women and gender-diverse people.
- Note any community activity (local, provincial, or territorial) with the Native Women's Association of Canada, or affiliated or related organizations.
- Briefly note financial need, and state whether you will receive funding from other sources, grants, or student scholarships.

NOTE: Essays exceeding the 250-word criteria will not be reviewed. Include a word count at the end of the essay.

# 7. Reference/Support Letter

Please provide **one** (1) reference/support letter, no longer than one (1) page, testifying to your community involvement and/or dedication to addressing issues relating to Indigenous women and Two-Spirit people (from a local community organization, council, teacher, etc.).

<u>NOTE:</u> Only **one** (1) reference/support letter is required. Additional letters will **not** be reviewed

| 8. C                  | onsent/Release Form  |  |                        |
|-----------------------|--|--|------------------------|
| l,                    | (Insert name)  | ;  |                        |
|                       | applicant and/or winner in Newbosite, and/or announceme  | on to use and publish my name and essay as<br>NWAC promotional material, program report<br>ents as relating to the promotion of this aw<br>d the NWAC Youth Department;  | ting,                  |
|                       | the Michael Melancon-Koffend   | rance Number (SIN) is required if I am selected<br>I Award (and NWAC may issue a T4(A) for awar<br>Insibility to claim these funds on my personal ta   | rded                   |
| to be<br>resu<br>unde | e accurate and true. I understan<br>It in an ineligible application. I herstand the requirements. I have | t, I hereby declare the information I have provend that any misrepresentation of information have read this application in its entirety and pereviewed the required documentation checks, deadline, and preferred method of submissi | will<br>fully<br>list, |
| Sign                  | ature  | Date   |                        |

# 9. Checklist of Required Documentation

| All sections of 2022 Application Form are fully completed.  □ Personal Information (pages 3-4).  □ Education History (page 4).  □ 2022-2023 School Year Budget Breakdown (pages 5-6).  |
|--|
| Attached are copies of required documents (requirements on page 7).  □ Proof of identity.  □ Declaration of Indigenous ancestry.  □ Letter of acceptance/copy of registration/letter from faculty confirming status as a new OR returning student.  □ Most recent transcripts. |
| Student Essay is completed, with a word count and is <b>no longer than 250</b> words (requirements on page 7).   |
| Attached is the single reference/support letter, <b>no longer than one (1) page</b> (requirements on page 8).  |
| Application form has been authenticated by signing the Consent/Release Form (page 8).  |

If any of the above checklist items are missing, the application will be considered incomplete and not reviewed. Please carefully review your application to ensure you have included all required documents.

## 10. Contact Information

For additional information, or questions regarding the Michael Melancon-Koffend Award, and/or your application, please do not hesitate to contact us:

#### Native Women's Association of Canada

**Telephone:** 613 722 3033 **Toll Free:** 1 800 461 4043

Email: scholarships@nwac.ca

Thank you for applying for the Michael Melancon-Koffend Award! Only successful applicants will be contacted.