

# MOHAWKS OF AKWESASNE Community Settlement Trust

325 Island Road, Suite 16, Akwesasne (Ontario) K6H 5R7 applications.akwtrust@gmail.com

### **2020 Trust Scholarship Application**

## Applications for the 2020 Akwesasne Community Trust Scholarships are now being accepted.

The Trustees of the Mohawks of Akwesasne Community Settlement Trust are pleased to announce that they will be granting ten (10) \$2,500 Scholarships for full-time studies and five (5) \$1,000 Scholarships for part-time studies for Akwesasronon who are attending Universities, Colleges or Technical Institutes. The Trustees reserve the right to reallocate funds between scholarships for full-time studies and part-time studies based on the applications received.

#### Who can apply for the Scholarship?

Any Akwesasronon member who is pursuing a full-time or part-time post-secondary degree. You are considered to be a full-time student if you regularly attend a college, university, or other educational institution in a program at a post-secondary school level (whether in Canada or not); and during a particular semester, you are taking at least 12 credits (four classes or more). Part-time would refer to you taking between 6 and 11 credits (generally two to three classes). Please contact the Trustees if you have any questions regarding your specific situation.

A letter of confirmation of admission, a copy of an official transcript/report card and copy of a completed Membership Confirmation form (see attached) signed by the Applicant are required. Members who were awarded a Scholarship from the Trust in 2019 will not be eligible for the 2020 scholarship.

Do not submit the Membership Confirmation form to the Office the Vital Statistics ("OVS") – the Trust will send all Membership Confirmation forms at once to the OVS.

#### What is the deadline for submitting an application?

The deadline is Wednesday, July 15, 2020 at 4:00 p.m. Applications will only be accepted via email at **applications.akwtrust@gmail.com** in Microsoft Word (.doc or .docx), Adobe Acrobat (.pdf) or JPEG (.jpg) format. Include "2020 Trust Scholarship Application" as the title of your email. Eligible Akwesasronon student must complete an application that includes an essay (minimum of 400 words, maximum of 500 words, using size 12 font). In your essay, please explain in your own words:

- Why you think you would be a good candidate to receive the Akwesasne Community Trust Scholarship?
- How will your education benefit the Community?

If you have questions, please contact the Trust by email at applications.akwtrust@gmail.com or contact one of the Trustees by telephone:

Wendy Thompson ( Chairperson)	315-705-5429
Amanda Jacobs (Vice Chairperson)	518-651-1982
Patricia Adiaconitei	613-551-4681
Hilda King	315-600-7913
Marie Seymour	315-323-2841
Michelle Smoke	518-333-6380

Do **NOT** contact Mohawk Council of Akwesasne with questions regarding the scholarship application process. All questions should be directed to **applications.akwtrust@gmail.com**.

Scholarship recipients will be notified by Friday July 31, 2020. A list of the recipients will also be posted on the Trust's Facebook page and other publicly-available locations.

Submit your application by email to: applications.akwtrust@gmail.com

APPLICATION CHECKLIST – please ensure that you include the following information in your application:	
<ul> <li>Use only the "2020 Trust Scholarship Application Form"</li> <li>(versions from prior years will not be accepted);</li> </ul>	
☐ Fully completed and signed "Application Form";	
☐ Essay (400 to 500 words);	
☐ Letter of recommendation;	
☐ Copy of letter of acceptance for the fall semester;	
☐ Copy of your official transcript or report card; and	
☐ Completed Membership Confirmation Form signed by the	

Applicant (do NOT submit to Office of Vital Statistics).

Applications with missing information, or late

applications will not be considered.

Name:		
Address:		
(City/Town/Village)	(Province/State)	(Postal Code/Zip Code)
Telephone number:		
Email Address:		
University, College or Technica Province/State):	I Institute attending (inc	cluding City,
Are you enrolled full or part tin What is your course of study?	ne in program: □(full-tir	me) □(part-time)
What is the length of your prog	gram in years:	
What year of the program are y	you currently in:	
What job/career/occupation de	o you hope to have whe	n you graduate?

What do you estimate your education-related expenses will be?			
Expenses	Sep. 1 to Dec. 31, 2020	Jan. 1 to Jun. 30, 2021	Total
Tuition			
Text books			
Academic supplies			
Accommodations			
Food			
Transportation			
Other (identify)			
i.			
ii.			
iii.			
iv.			
V.			
Total:	\$\$	\$	\$

List any financial assistance you are currently or will receive (post-secondary

funding, bursaries, scholarships, stipends, etc.) including amounts.

**Provide a letter of recommendation from someone who knows you well, such as:** Grand Chief & Council, Community administrator, Community education office, College or University guidance office, Professor/Instructor, former employer, etc. Please ensure this letter is signed by the individual providing the recommendation.

#### **Essay submission**

Provide an essay, 400 to 500 words in length, based on your course of study:

• Why do you think you would be a good candidate to receive the Akwesasne Community Trustee Scholarship?

• How will your education benefit the Community?

#### **Certification and signature**

I certify that I am the author of the material I am submitting to the Akwesasne Community Trustees. The Akwesasne Community Trustees may reproduce, distribute, publish, display and otherwise use the material for any purpose in any form and on any media.

Date:	
	Date:

#### MEMBERSHIP CONFIRMATION FORM

For the individual applying for a scholarship from the Trust, <u>please complete only Part 1 of this</u> <u>form</u>, including your name, date of birth and <u>signature</u>. Submit this form in your application.

<u>Do not submit this form to the Office of Vital Statistics</u> – the Trust will send all Membership Confirmation Forms at once to the OVS.

PART 1 - CONTACT PERS	ON INFORMATION	
Name:		
Date of Birth:		
Registry Number:		
Settlement Trust. The Tru	stees will need addition oposal can be determi	n the Mohawks of Akwesasne Community onal membership information as listed in part ined. When complete, please forward this forr tlement Trust.
Applicant's Signature:		
PART 2 –STATUS OF ME	MBERSHIP (to be com	npleted by OVS and NOT by the Applicant)
☐ Member under Akwesa	asne Membership Cod	de
<ul><li>□ Probationary member</li><li>Expiration date of Prob</li></ul>		•
□ Not a member under A	kwesasne Membershi	ip Code
Manager/Membership Of Office of Vital Statistics	ficer	Date