

Norman Recollet Memorial Bursary

259 Taighwenini Trail Rd, Capreol, Ontario P0M 1H0
Phone: (705)858-0610 □ Fax: (705) 858-5570 Email:
heather.roy@wahnapietaefn.com

A bursary of \$500.00 will be awarded to a member or community member of Wahnapietae First Nation that is graduating with Grade twelve Diploma. This bursary is supported by the Chief and Council and the Norman Recollet Health Centre.

CRITERIA:

- Member or Community member of Wahnapietae First Nation
- Graduating with Grade twelve Diploma in the current academic year.

APPLICATION PROCEDURE:

Submit a typed response – double spaced one-page letter – addressing the following two questions:

- 1) Why is education important to you; and
- 2) What does it mean to you to live in a healthy community?

Applications will only be processed after all the following has been submitted:

- One-page letter to the response of the two questions.
- Copy of Grade twelve diploma or proof of graduation from your school principal or Education department.
- Signed release form which allows Wahnapietae First Nation to post your name on our websites, Facebook page and newsletters.

SELECTION PROCEDURE:

Applications will be reviewed by a selection Committee and the Health Director. Completed documentation **must be received by July 15 of each year, for final consideration Applications received after this date will not be Accepted.**

Recipients will be contacted by email by the Community Wellness Coordinator. The Bursary recipient will then be posted on the Wahnapietae First Nation website and Facebook page.

APPLICATION DEADLINE:

The deadline to submit the Bursary Application is July 15, @ 4PM. APPLICATIONS AND ALL FORMS CAN BE EMAILED TO heather.roy@wahnapietaefn.com or mailed to the Norman Recollet Health Centre, Wahnapietae First Nation, ATTN: Heather Roy, 259 Taighwenini Trail Rd., Capreol, ON, P0M 1H0

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Family Name:	Given Name:	Date of Birth (mm/dd/yy):
Address while in school:		
City:		Postal Code:
Telephone:	E-Mail:	
Permanent /Home Mailing Address:		
City:		Postal Code:
Telephone:		
Status First Nation or Community member <input type="checkbox"/>	STATUS NUMBER (if applicable):	
EXTRA-CURRICULAR ACTIVITIES		
Community: (i.e., volunteer, youth groups, etc.) •	School: (i.e., clubs, teams, councils, etc.) •	
Name of School that you are graduating from:		
Parent Signature:		
Student Signature:		Date:

The Norman Recollet Memorial Bursary

RELEASE OF INFORMATION FORM

I, _____, hereby give permission to the Norman Recollet Health Centre and Wahnapiatae First Nation to publish my name, to their website and in their newsletter as a recipient of the 2020 Norman Recollet Memorial Bursary.

Signature: _____
(In case of minors: Parent/Guardian Signature)