

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 Grade eight, and has 5 days or less of absenteeism for the year. This bursary is supported by the Chief and Council and the Norman Recollet Health Centre.

CRITERIA:

- Member or Community member of Wahnapietae First Nation
- Graduate of Grade Eight
- Less than 5 days, of absenteeism for that academic year

APPLICATION PROCEDURE:

Submit a typed or had written 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 eight diploma or proof of graduation from your school principal
- Proof of Attendance.
- 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)