

LEQ'Á:MEL DEVELOPMENT CORPORATION

BURSARY/GRANTS

APPLICATION FORM



Overview

The Leq'á:mel Development Corporation (LDC) is wholly owned by Leq'á:mel First Nation and is focused on economic and business development, partnerships, and projects that guide and support the development and economic growth for Leq'á:mel First Nation and vision of Leq'á:mel Chief and Council and the LDC Board of Directors. The Leq'á:mel Development Corporation has many business sectors and ongoing projects with its Joint Venture and Preferred Business Partners. Our diverse business pursuits include Commercial and Retail Leases, Communications, Innovation, and Technology including Fibre optic services to businesses and residential properties, Modular home Park management, Forestry, and new business ventures. If you are an entrepreneur looking to explore future business opportunities, contact us at ecdev@leqamel.ca and on Facebook (Leqamel Development) and in the community newsletter and other social media platforms as we are always looking to add to our business foundation.

Students, we would like to congratulate you for all of your hard work and accomplishments in life to date including the tremendous efforts you have made toward your education so far. Further, we encourage you to continue your educational curiosity and learning as you pursue Post-Secondary or Trades School that will enhance your curiosity for learning and quality of life. The LDC is excited to assist Leq'á:mel students in pursuing higher education through the LDC Education Bursary and hopes to reduce some of the associated financial burdens. Whatever your educational pursuits, we appreciate you taking the time to complete the application. Due to funding limitations and budget, we may not be able to support all requests or all requests completely, but we encourage you to apply. If you or someone you know is interested in learning more about the LDC Bursary, please contact us with your questions.

Instructions

1. All sections must be fully completed in order for your application to be considered.
2. Students must meet the following requirements in order to be considered for bursary assistance.
 - Be enrolled in a recognized post-secondary program.
 - Demonstrate financial need.
 - Submit the application by the deadline of July 31 of the year.
3. Completed applications should be submitted online.
4. The bursary does not have to be paid back but may be considered taxable income.

Please Fill Out the Following:

STUDENT NAME: _____

STUDENT #: _____

(if applicable)

ADDRESS: _____

BURSARY NAME: LEQ'Á:MEL DEVELOPMENT CORPORATION BURSARY AWARD

BURSARY OFFERED BY: LEQ'Á:MEL DEVELOPMENT CORPORATION

EMAIL: _____ **TEL:** (____) _____

DATE OF BIRTH: _____ **S.I.N. #** _____

D/M/Y

PROGRAM NAME: _____

(if applicable)

PROGRAM YEAR: 1st 2nd 3rd 4th **CAMPUS:** _____

(if applicable)

Are you a citizen of a First Nation? Yes No

Privacy and confidentiality Policy and Authorization for use of information: This information is used to determine program eligibility. The Leq'á:mel Development Corporation may disclose such information where we are legally authorized to do so. All information collected will be kept strictly confidential and will be protected.

STUDENT CONSENT: If awarded a bursary, I hereby grant permission for my name to be used by Leq'á:mel Development Corporation and/or the post-secondary institution for the purpose of promotion and marketing of the bursary program

Client Signature

Witness Signature

Date

PARENTAL CONSENT: If the applicant is under the age of 18

Parent Signature

School Year Budget

RESOURCES		EXPENSES	
Academic awards	\$	Tuition and compulsory fees	\$
Net part-time earnings	\$	Books/supplies/instruments/tools	\$
Gifts	\$	Transportation: local and home	\$
Investment income	\$	Rent: \$ _____ x _____ mths	\$
Other resources: (please specify)	\$	Utilities: \$ _____ x _____ mths	\$
		Phone: \$ _____ x _____ mths	
		Food: \$ _____ x _____ months	\$
		Child care	\$
		Clothing	\$
		Laundry: \$ __ x __ mths	\$
		Entertainment: \$ __ x __ mths	\$
		Uninsured medical/dental (Receipts required)	\$
TOTAL RESOURCES FOR SCHOOL TERM	\$	TOTAL EXPENSES FOR SCHOOL TERM	\$
FINANCIAL ASSISTANCE NEEDED (Resources minus Expenses)	\$		

Declaration: I declare that the information provided on this application is accurate and a true statement of my financial position.

Student Signature: _____ **Date:** _____

Essay

Please answer the following questions:

1. Why are you interested in your area of study?

2. Describe how your studies will contribute to your future employment/employability?