



2026 STUDENT BURSARY APPLICATION

Thank you for your pursuit of Post-Secondary education including trades training and for your interest in applying for the Leq'á:mel Development Corporation's Annual Student Bursary.

Over the past several years the Leq'á:mel Development Corporation has provided financial support to Students who are pursuing exciting post-secondary and trades training or other programs. The financial assistance has provided a little financial assistance to make this easier. Applications may be partially funded depending on the volume of applications received. We encourage all eligible students to apply.

Instructions

1. Questions about the application can be forwarded to: infoLDLP@leqamel.ca
2. Applications must be fully completed to be considered.
3. Applicants must meet the following requirements.
 - Be enrolled in a recognized post-secondary program
 - Demonstrate financial need by completing the attached budget
 - Applications must be received prior to the June 1 deadline for consideration.
4. The bursary is not repayable but may be considered taxable income.
5. Applications may be mailed to the Leq'á:mel Development Corporation (address below) or preferably scanned and emailed to infoLDLP@leqamel.ca

Privacy and confidentiality Policy and Authorization for use of information:

This information collected 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 NAME: _____

STUDENT # _____

(if applicable)

ADDRESS: _____

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

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

DD/MM/YY

PROGRAM NAME: _____

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

(if applicable)

Are you a Member of Leq'á:mel First Nation? Yes No

If no, which First Nation are you a member? _____

APPLICANT 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

Applicant Signature

Witness Signature

Date

Parent Signature (If the applicant is under the age of 18)

RESOURCES		EXPENSES	
Academic Awards / Scholarships	\$	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 REQUESTED (Resources minus Expenses)	\$		

Please answer the following:

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

2. Describe how your studies will contribute to your future employment and career opportunities?

Declaration:

I declare that the information provided on this application is accurate and true.

Applicant Signature: _____ **Date:** _____