



## Canada Post Aboriginal Education Incentive Awards - Applicant Submission Form

*Complete and attach this Applicant Submission Form to your entry*

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Treaty or Membership Number: \_\_\_\_\_

Email Address \_\_\_\_\_

### Education profile:

**Study program you left**

When did you leave school? (Include Month & Year):

School name: \_\_\_\_\_

Name of study program: \_\_\_\_\_

Location: \_\_\_\_\_

Year(s) completed: \_\_\_\_\_

Have you completed one full year of studies before applying for this award? Yes  No

**Current study program**

When did you return to school? (Include Month & Year) :

\_\_\_\_\_

School name: \_\_\_\_\_

Name of study program: \_\_\_\_\_

Location: \_\_\_\_\_

Year(s) completed: \_\_\_\_\_

### Academic Contact

*(who can confirm you have completed 1 year of studies)*

Name: \_\_\_\_\_

Telephone (Day): \_\_\_\_\_

Email Address: \_\_\_\_\_

### Community Contact

*(who can confirm you are an Aboriginal Canadian)*

Name: \_\_\_\_\_

Telephone (Day): \_\_\_\_\_

Email Address: \_\_\_\_\_

Applicant Signature\*: \_\_\_\_\_

Date: \_\_\_\_\_

*\* By signing the Applicant Submission Form, the applicant agrees to the Awards rules.*