

**NATIONAL ABORIGINAL ACHIEVEMENT FOUNDATION**



**Aboriginal Health Careers  
Bursary & Scholarship Award**

**Deadline: June 1, 2010**

**Application Form**

# NATIONAL ABORIGINAL ACHIEVEMENT FOUNDATION



## Aboriginal Health Careers Bursary & Scholarship Awards Deadline: June 1, 2010

### Application Form

Reference the application Guidelines and “*What you want know about NAAF bursaries & scholarships*” at [www.naaf.ca](http://www.naaf.ca) for instructions on how to complete the application.

#### Section 1 - INFORMATION SOURCE

How did you learn about this award? (Check as many as applies)

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> College/University                         | <input type="checkbox"/> Community Agency   | <input type="checkbox"/> Family Member                 | <input type="checkbox"/> Financial Aid Office    |
| <input type="checkbox"/> Friend                                     | <input type="checkbox"/> Guidance Counselor | <input type="checkbox"/> In remote community           | <input type="checkbox"/> In rural community      |
| <input type="checkbox"/> In urban community                         | <input type="checkbox"/> Magazine           | <input type="checkbox"/> Newspaper                     | <input type="checkbox"/> Poster, Brochure, Flyer |
| <input type="checkbox"/> Previous Recipient                         | <input type="checkbox"/> Radio              | <input type="checkbox"/> Teacher/Professor             | <input type="checkbox"/> Website                 |
| <input type="checkbox"/> Blueprint for the Future (BFF) Career Fair |   | <input type="checkbox"/> Other (Please identify) _____ |  |

#### Section 2 - PERSONAL and CONTACT INFORMATION

Family Name	Given Name(s)	S.I.N. (required)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
		Date of Birth (dd/mm/yy)	Current Age	
<b>Address While in School:</b>				
Street Address				
City	Province/Territory/State	Postal Code/Zip Code	Area Code & Telephone # ( )	
<b>Permanent/Home Mailing Address:</b> <input type="checkbox"/> Same as above				
Street Address				
City	Province/Territory	Postal Code	Area Code & Telephone # ( )	
Mailing address you would like us to use: <input type="checkbox"/> School <input type="checkbox"/> Permanent	E-mail Address (required)			
	Alternative E-mail Address			

### Section 3 – EDUCATION

Identify institution you plan to attend?	Is this your last year in this program? <input type="checkbox"/> Yes <input type="checkbox"/> No	What year of study are you entering? (year Bursary & Scholarship Award will be applied to) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Admission confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Length of program (in years)? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	Identify the Degree/Diploma that you will receive upon graduation. <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Undergraduate Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Other, specify _____	
Year you will complete your program?	What is the name of your program?	
Start date this academic year (mm/yy)	Finish date for this academic year (mm/yy)	What job/career/occupation do you hope to have when you graduate?

Please list the last three schools, colleges, or universities that you have attended.

FROM (mm/yy)	TO (mm/yy)	NAME OF INSTITUTION	PROGRAM	Degree/Diploma Granted
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

GRADE POINT AVERAGE **--- FOR NAAF OFFICE USE ONLY ---**

Most recent grade average is \_\_\_\_\_ out of a possible \_\_\_\_\_ OFFICIAL GRADE TRANSCRIPT MANDATORY.

### Section 4 – PREVIOUS NAAF SUPPORT

How much financial assistance have you received from NAAF in the past?

2009/2010 \$ \_\_\_\_\_ 2008/2009 \$ \_\_\_\_\_ 2007/2008 \$ \_\_\_\_\_ 2006/07 \$ \_\_\_\_\_ 2005/06 \$ \_\_\_\_\_  
 2004/05 \$ \_\_\_\_\_ Other Years \$ \_\_\_\_\_

REMINDER: If you received an award from NAAF prior to this application, the Financial Report Form must be submitted before this application can be considered for funding.

### Section 5 - ABORIGINAL HERITAGE

Are you an Aboriginal Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you related to an Aboriginal Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
State name of Veteran and your relationship	

<b>Identify Aboriginal Ancestry</b> <i>(select appropriate box below)</i>	Nation (if applicable): e.g. Cree, Ojibway, Dene, etc.	
<input type="checkbox"/> Status First Nation <input type="checkbox"/> Non-Status First Nation	Name of First Nation Reserve/Band	Province/Territory
<input type="checkbox"/> Métis	Name of Métis Association	Province/Territory
<input type="checkbox"/> Inuit	Name of Land Claim Organization	Province/Territory

Important Note: Students who are non-status First Nation must send a photocopy of the front and back of the card (*card must be recognized by the Government of Canada*) that was issued to parents or grandparents along with the long-form birth certificate(s) or baptism certificate(s) clearly showing the relationship to person on the card.

## Section 6A - DETERMINING FINANCIAL NEED - BUDGET

- For the current school year, from the start date to the end of the school period (depending on your program of study this may be 8, 10, or 12 months), provide a summary of the financial resources/income anticipated and estimated financial expenses using the tables provided.
- Married and common-law students must indicate their total family income (after tax and other compulsory deductions) and total family expenses.
- NAAF encourages all students to make a personal financial contribution to the costs of their education.
- Your budget must include a projection of income. Budgets that list only expenses without a projection of income will be deemed incomplete and will not be presented to the Jury.

### Residency While in School *(Check all that apply)*

- On my own       With my parent(s)       Student residence       Subsidized housing  
 With Roommate(s)       With spouse or common law partner       With child(ren)

### Current Marital Status

- Single     Married     Common Law     Divorced     Separated     Widowed/Widower

### Dependants

Number of dependants under the age of 18:       0     1     2     3     4     5     6     7 and over

List ages of dependants: \_\_\_\_\_

**Current Employment:** Currently Working:     Full Time     Part-Time     Occasionally     Not Working

**Employment while in school:** While in school, I will work part time.     Yes     No     Not Sure

### Transportation

- During the school year, I will use public transportation     Yes     No
- During the school year, I will drive a motor vehicle     Yes     No
- Do you own a motor vehicle?     Yes     No
- If yes, what year is the motor vehicle? \_\_\_\_\_ What model? \_\_\_\_\_
- What is your monthly vehicle payment? \$ \_\_\_\_\_
- What is your insurance payment while in school? \$ \_\_\_\_\_

### Student Loan(s)

- Do you have a prior student loan?     Yes     No
- What is the total amount of all government student loans that you have outstanding? \_\_\_\_\_
- Do you intend to apply for a student loan for this coming school year?     Yes     No  
If yes for what amount? \_\_\_\_\_  
If yes, has your application been approved?     Yes     No

### Line of Credit

- Do you have a line of credit?     Yes     No
- What is the total amount of Line of Credit? \$ \_\_\_\_\_
- What amount is currently available for use? \$ \_\_\_\_\_
- What is your monthly payment? \$ \_\_\_\_\_

**Other Bursaries & Scholarships**

- Have you applied or do you plan to apply for other bursaries / scholarships?  Yes  No
- Please list below

Bursary/Scholarship	Amount	
_____	_____	<input type="checkbox"/> Confirmed <input type="checkbox"/> Confirmation Pending <input type="checkbox"/> Unsuccessful
_____	_____	<input type="checkbox"/> Confirmed <input type="checkbox"/> Confirmation Pending <input type="checkbox"/> Unsuccessful
_____	_____	<input type="checkbox"/> Confirmed <input type="checkbox"/> Confirmation Pending <input type="checkbox"/> Unsuccessful
_____	_____	<input type="checkbox"/> Confirmed <input type="checkbox"/> Confirmation Pending <input type="checkbox"/> Unsuccessful
_____	_____	<input type="checkbox"/> Confirmed <input type="checkbox"/> Confirmation Pending <input type="checkbox"/> Unsuccessful

**Section 6B – FINANCIAL RESOURCES-INCOME**

Identify your sources of financial income: on a monthly basis and calculate the total amount for the number of months in your program for the school year (NOTE: Multiply the monthly amount by only one amount – 8, 10 OR 12 months). If your program is a different length of time, please specify and calculate.

INCOME SOURCE	TOTAL AMOUNT
Very Important: Number of months cannot exceed number of months you are enrolled in full-time studies. Eg. If your letter of confirmation states you are enrolled from September 2010 to April 2011 the maximum number of months you can apply for is 8.	Length of 2010-2011 school year in months: <input type="checkbox"/> 8 month school year; <input type="checkbox"/> 10 month school year; <input type="checkbox"/> 12 month school year; <input type="checkbox"/> Other: _____
Monthly Income from Savings or Work (after tax)	
Monthly Income from Spouse or Partner (after tax)	
Monthly Other income (please identify) *Student loans are not considered income _____	
Monthly Financial Contribution from Parent(s)	
Monthly Child Support	
Monthly Child Tax Benefit/Family Allowance	
Monthly Pension Income (orphan benefits, CPP)	
Monthly Social Assistance	
SUBTOTAL Multiply subtotal by number of months in your school year (8, 10 or 12)	
Total GST Rebates During the School Year	
Band/Community/Organization Funding for Tuition, Books and Materials <input type="checkbox"/> Confirmed <input type="checkbox"/> Confirmation Pending <input type="checkbox"/> Funding unavailable <b>**Amounts must be provided to ensure accurate need</b>	
Band/Community/Organization Funding for Living Expenses <input type="checkbox"/> Confirmed <input type="checkbox"/> Confirmation Pending <input type="checkbox"/> Funding unavailable <b>**Amounts must be provided to ensure accurate need</b>	
<b>TOTAL SCHOOL YEAR INCOME</b>	

**Section 6C - FINANCIAL EXPENSES**

- The Jury will exercise its discretion in determining whether the expenses provided are reasonable when considering the overall shortfall forwarded by the applicant. As an example, rents vary widely from city to small town, province to province and the jury takes this into account when reviewing costs;
- The budget should cover **only the months that you are in school** (May be 8,10, or 12 months).
- If you are sharing a dwelling with someone who is not a dependant, do not include the costs for the second person.
- Use the table below to identify all of your expenses for the number of months in your program for this school year.

EXPENSE TYPE	TOTAL AMOUNT
	Length of 2010-2011 school year in months: <input type="checkbox"/> 8 month school year; <input type="checkbox"/> 10 month school year <input type="checkbox"/> 12 month school year; <input type="checkbox"/> Other: _____
<p><b>SUB-SECTION A</b></p> <p>Cost of Tuition/Training for School Year \$ _____</p> <p>**Must be completed even if receiving Band/Community/Organization Funding</p> <p>Cost of course materials for school year:            Books \$ _____            Equipment \$ _____            Supplies \$ _____            Fees \$ _____            Other \$ _____</p>	
<p><b>SUBTOTAL SUB-SECTION A</b></p>	
<p><b>SUB-SECTION B</b></p> <p>Monthly Mortgage Rent or Residence Costs \$ _____</p>	
<p>Monthly Food \$ _____</p>	
<p>Monthly Utilities ( heat, electricity, water) \$ _____</p>	
<p>Monthly Telephone: \$ _____</p>	
<p>Monthly Internet: \$ _____</p>	
<p>Monthly Cable TV \$ _____</p>	
<p>Transportation \$ _____ Bus Pass \$ _____</p>	
<p>Parking \$ _____ Gas \$ _____</p>	
<p>Monthly Toiletries, Personal Care, Laundry \$ _____</p>	
<p>Monthly Childcare \$ _____</p>	
<p>Monthly Entertainment, Recreation \$ _____</p>	
<p>Monthly Clothing \$ _____</p>	
<p>Mortgage Insurance \$ _____</p>	
<p>Car Insurance \$ _____</p>	

Life Insurance \$ _____	
Gym Payment \$ _____	
Other Monthly Expenses (Please Specify)	
Other \$ _____	
Other \$ _____	
Other \$ _____	
Other \$ _____	
Monthly Debt Payments:	
Credit Card \$ _____ \$ _____ \$ _____	
Vehicle Payment (refer to answer you put in 6A) \$ _____	
Other \$ _____	
Other \$ _____	
Other \$ _____	
Other \$ _____	
<b><i>SUBTOTAL SUB-SECTION B</i></b>	
<b>TOTAL SCHOOL YEAR EXPENSES</b> (Add Subtotals for Sub-Section A and Sub-Section B)	

### Section 6D - TOTAL FINANCIAL NEED

Calculate your total financial need by subtracting your total expenses from your total income.

_____	( - minus)	_____	( = equals)	_____
Total School Year Expenses		Total School Year Income		Total Financial Need for School Year

**\*\*\*\* Applicants who do not demonstrate a financial need will not be assessed.**

### Section 7 - ADDITIONAL INFORMATION

- If there are additional details that you wish or are requested to provide, please use this space to do so.
- Should you have circumstances that warrant special consideration, please specify below.
- It is important that a full explanation of your financial circumstances be available to the Jury.

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**Section 8 - INVOLVEMENT and CONTRIBUTION to the ABORIGINAL COMMUNITY**

This is an award for First Nations, Inuit, and Métis peoples, therefore, your involvement/engagement/participation in the First Nations, Inuit or Métis community is of utmost importance.

**This section must be completed. Please limit responses to space provided. Further details can be provided in the 'Letter of Introduction'.**

1. What town/city were you born? \_\_\_\_\_

2. Where did you grow up? \_\_\_\_\_

3. Tell us about your family and community.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. I participate in the First Nations, Inuit and/or Métis communities by \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. In the future I hope to contribute to First Nations, Inuit and/or Métis communities by \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Language:**

Do you speak/read/write a First Nations, Inuit or Métis language?  No  Yes If yes,  a little  moderately  fluently

Explain: \_\_\_\_\_

Do you speak/read/write French language?  No  Yes If yes,  a little  moderately  fluently

Explain: \_\_\_\_\_

## Section 9 - DECLARATION and CONSENT

### MANDATORY DOCUMENTS DUE JUNE 1, 2010 – NO EXCEPTIONS – OR APPLICATION REMAINS INCOMPLETE AND WILL NOT BE REVIEWED BY JURY:

1. One current NAAF Aboriginal Health Careers Bursary & Scholarship Awards Application Form fully completed and signed in the designated areas.
2. Proof of First Nation, Inuit or Métis status.
3. Letter of Personal Introduction (minimum 750 words, maximum 1,500 words).
4. A current Resume or Curriculum Vitae (CV).
5. A recent & clear colour Electronic Photograph.
6. Two completed Applicant Assessment Forms.
7. Marks (official or unofficial) from your present or most recent academic program.
8. Letter of acceptance or offer of admission into a program – if available at the time the application is due.
9. Verification of current tuition & fees amounts for the program – if unavailable prior year's amounts can be used in the interim.
10. Financial Report Form if you received an award the previous year and have not yet forwarded it to NAAF.

### THE FOLLOWING DOCUMENTS ARE TO BE SUBMITTED BEFORE A SUCCESSFUL APPLICANT'S BURSARY WILL BE ISSUED:

11. Original Official Transcripts from your present or most recent academic program.
12. Confirmation of enrolment that you are registered as a full-time student in 2010-2011 for the timeframe that coincides with the number of months you are requesting funding for in the budget section of your application to NAAF.
13. Verification of Current Tuition & Fees. Letter from Band/Post Secondary Education Office or Support Organization indicating the amount of support you will receive or that funding is unavailable (applicable to Status First Nation & Inuit applicants).

- I have read and fully understand the guidelines that govern the application and Jury process, and I have provided answers to **all** questions which apply to me.
- I certify that all information contained on this form is true and correct. I understand that any false statements intentionally given on this application, by email, or telephone will disqualify my application and will affect my ability to access future funding.
- If I have not done so previously, I am attaching a Financial Report Form.
- I hereby give consent that NAAF is authorized to release my contact information to NAAF's sponsors (including name, telephone number, e-mail, mailing address and/or resume), so that they may contact me personally.
- I hereby give consent for NAAF to use/publish my name, photo, and relevant information on NAAF's website, in NAAF's brochure, for promotion, marketing, advertising, or in sponsor communications.

**I acknowledge that if my application package does not include all the required documents my application will be deemed ineligible. I also recognize that it is my responsibility to ensure that all supporting documents are post dated and/or received by the NAAF office by the deadline. For Example: Official transcripts being mailed directly to NAAF by the school; Applicant Assessment forms being mailed directly to NAAF by the assessor.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 10 – APPLICATION ASSESSMENT FORMS

Applicants are required to submit 2 applicant assessment forms completed by two different faculty members, teaching assistants, sessional lecturers or practicum supervisors of the institute, college or university that the applicant is attending.

# NATIONAL ABORIGINAL ACHIEVEMENT FOUNDATION



## Aboriginal Health Careers - Applicant Assessment Form #1

### BACKGROUND

The National Aboriginal Achievement Foundation (NAAF) is a nationally registered charity with a mandate to provide financial support to First Nations, Inuit and Métis individuals who are pursuing education and professional development. An important part of our Jury decision making process is to have an objective assessment of the student's academic/work abilities.

**It is mandatory that this form be filled out by a faculty member, teaching assistant, sessional lecturer or practicum supervisor of the institute, college or university that the applicant is attending. If not, the application will be considered incomplete.**

**Exceptions** are made in the following limited circumstances.

- (1) If the upcoming year will be your first year of Aboriginal Health Careers, have the form filled out by your high school teachers/principal.
- (2) If you have been away from school for a period of a year or more, please have an employer or supervisor who is familiar with your work fill out the form.

### IDENTIFICATION

<b>Student</b> Last Name:	First Name:
<b>Assessor</b> Last Name:	First Name:
Address	How long have you known the student/applicant?
Relationship to the Applicant	
<input type="checkbox"/> Professor <input type="checkbox"/> Sessional Lecturer <input type="checkbox"/> Faculty Member <input type="checkbox"/> Academic Advisor <input type="checkbox"/> High School Principal <input type="checkbox"/> Practicum Supervisor <input type="checkbox"/> High School Teacher <input type="checkbox"/> Teaching Assistant <input type="checkbox"/> Employer (only to be used by applicants who have been out of school for more than 1 year)	

### RATING ABILITIES OF STUDENT/APPLICANT

Please rate the applicant by assessing his/her abilities in accordance with the areas listed on the chart below

Ability and Skill Areas	Outstanding	Above Average	Average	Below Average	Unable to Judge
Academic Preparedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity for Independent Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industry and Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative and Seriousness of Purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills and Strengths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ACADEMIC/WORK PERFORMANCE**

Please expand on the student's abilities by answering the questions below in the space provided.

To what extent are you aware of the applicant's **academic/work performance**?

Please comment on the applicant's **potential to succeed** in the chosen program of study in light of his or her past academic performance and/or work experience.

**MOTIVATION AND MATURITY**

Please indicate, in your opinion, if the applicant possesses the necessary **work ethic, perseverance** and **dedication** to their studies to succeed in their chosen program.

**PERSONAL ATTRIBUTES**

Please describe any **personal attributes** of the applicant that may enhance his or her ability to succeed in their chosen program.

Please describe any **personal factors** that may hinder the applicant's ability to succeed in their chosen program.

**Once completed by the assessor, original assessment forms may be returned to the applicant to be included with their application OR they can be mailed directly to the National Aboriginal Achievement Foundation office. Note to Assessors – signature & date required.**

Please fill out the information below.

Name of Assessor (Please Print/Type):

Institution:

Position and Department:

Address:

Telephone: (     )

Fax: (     )

E-mail address:

Signature of Assessor

Date

If you have any questions feel free to contact NAAF's Education Department (toll-free) at: 1-800-329-9780  
Fax: 1.519.445.0067

National Aboriginal Achievement Foundation  
Attn: Education Department  
P.O. Box 759  
2160 Fourth Line  
Ohsweken, Ontario  
N0A 1M0

**NATIONAL ABORIGINAL ACHIEVEMENT FOUNDATION**



**Aboriginal Health Careers - Applicant Assessment Form #2**

**BACKGROUND**

The National Aboriginal Achievement Foundation (NAAF) is a nationally registered charity with a mandate to provide financial support to First Nations, Inuit and Métis individuals who are pursuing education and professional development. An important part of our Jury decision making process is to have an objective assessment of the student's academic/work abilities.

**It is mandatory that this form be filled out by a faculty member, teaching assistant, sessional lecturer or practicum supervisor of the institute, college or university that the applicant is attending. If not, the application will be considered incomplete.**

**Exceptions** are made in the following limited circumstances.

- (1) If the upcoming year will be your first year of Aboriginal Health Careers, have the form filled out by your high school teachers/principal.
- (2) If you have been away from school for a period of a year or more, please have an employer or supervisor who is familiar with your work fill out the form.

**IDENTIFICATION**

<b>Student</b> Last Name:	First Name:
<b>Assessor</b> Last Name:	First Name:
Address	How long have you known the student/applicant?
Relationship to the Applicant	
<input type="checkbox"/> Professor <input type="checkbox"/> Sessional Lecturer <input type="checkbox"/> Faculty Member <input type="checkbox"/> Academic Advisor <input type="checkbox"/> High School Principal <input type="checkbox"/> Practicum Supervisor <input type="checkbox"/> High School Teacher <input type="checkbox"/> Teaching Assistant <input type="checkbox"/> Employer (only to be used by applicants who have been out of school for more than 1 year)	

**RATING ABILITIES OF STUDENT/APPLICANT**

Please rate the applicant by assessing his/her abilities in accordance with the areas listed on the chart below

Ability and Skill Areas	Outstanding	Above Average	Average	Below Average	Unable to Judge
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Oral Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity for Independent Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industry and Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative and Seriousness of Purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills and Strengths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ACADEMIC/WORK PERFORMANCE**

Please expand on the student's abilities by answering the questions below in the space provided.

To what extent are you aware of the applicant's **academic/work performance**?

Please comment on the applicant's **potential to succeed** in the chosen program of study in light of his or her past academic performance and/or work experience.

**MOTIVATION AND MATURITY**

Please indicate, in your opinion, if the applicant possesses the necessary **work ethic, perseverance** and **dedication** to their studies to succeed in their chosen program.

**PERSONAL ATTRIBUTES**

Please describe any **personal attributes** of the applicant that may enhance his or her ability to succeed in their chosen program.

Please describe any **personal factors** that may hinder the applicant's ability to succeed in their chosen program.

**Once completed by the assessor, original assessment forms may be returned to the applicant to be included with their application OR they can be mailed directly to the National Aboriginal Achievement Foundation office. Note to Assessors – signature & date required.**

Please fill out the information below.

Name of Assessor (Please Print/Type):

Institution:

Position and Department:

Address:

Telephone: (     )

Fax: (     )

E-mail address:

Signature of Assessor

Date

If you have any questions feel free to contact NAAF's Education Department (toll-free) at: 1-800-329-9780  
Fax: 1.519.445.0067

National Aboriginal Achievement Foundation  
Attn: Education Department  
P.O. Box 759  
2160 Fourth Line  
Ohsweken, Ontario  
N0A 1M0