

NATIONAL ABORIGINAL ACHIEVEMENT FOUNDATION



**First Nations, Inuit & Métis
Fine Arts Bursary Awards**

Training/Lessons; Internship

Deadline: May 1, 2010

Application Form

NATIONAL ABORIGINAL ACHIEVEMENT FOUNDATION



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Application Form

Reference the application Guidelines and “*What you want know about NAAF bursaries & scholarships*” at 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 Career Fair | <input type="checkbox"/> Other (Please identify) _____ | | |

Section 2 - PERSONAL and CONTACT INFORMATION

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

Section 3 – EDUCATION

Identify where your training/lessons, internship will be held?	Is this your last year for this area of study? <input type="checkbox"/> Yes <input type="checkbox"/> No	What year of study are you entering? <i>If applicable</i> <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 study (in years)? <i>If applicable</i> <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 Certificate/Diploma that you will receive upon graduation. <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Undergraduate Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Other, specify _____
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Year you will complete your area of study?	What is the name of your area of study?
--	---

Start date this year (mm/yy)	Finish date for this year (mm/yy)	What job/career/occupation do you hope to have when you complete your area of study?
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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 _____ 2008/09 \$ _____ \$2007/08 _____ \$2006/07 _____ Other Years \$ _____

Specify

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

Identify Aboriginal Ancestry <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

- This is for the current year, from the start date to the end of the period (depending on your area of study this may vary). 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 studies.
- 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

Identify # of dependants: _____ 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 year, I will use public transportation Yes No
- During the 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 area of study for the year (NOTE: Multiply the monthly amount by only one amount – 8, 10 OR 12 months). If your area of study 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 your area of study. Eg. If your letter of enrolment 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 year in months: <input type="checkbox"/> 8 month year; <input type="checkbox"/> 10 month year <input type="checkbox"/> 12 month 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 the study 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 **Amounts must be provided to ensure accurate need	
Band/Community/Organization Funding for Living Expenses <input type="checkbox"/> Confirmed <input type="checkbox"/> Confirmation Pending <input type="checkbox"/> Funding unavailable **Amounts must be provided to ensure accurate need	
TOTAL SCHOOL YEAR INCOME	

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

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 – WORK SAMPLE & SUPPORT MATERIAL

Type of Work Sample

- CD or DVD Manuscript Media Clippings Photographs
 Slides Scripts Other (please describe) _____

Note: Do not submit originals. Work samples are not returned. NAAF is not responsible for the loss or damage of materials submitted.

Description of Work Sample

1. Name of Applicant: _____

2. Role of Applicant in relation to work sample (i.e. author performer, director) : _____

3. Date Work Sample Created: _____

4. Work Sample Submitted:

- maximum 2 minutes of audio in CD or DVD format;
- 4 pages of writing;
- 10 slides/photos of art;
- CD ROM of design work.

5. For work samples (slides, photographs, manuscript, etc.) place items submitted in viewing order and describe each item in Work Sample.

Title	Description
#1 _____	_____
#2 _____	_____
#3 _____	_____
#4 _____	_____
#5 _____	_____
#6 _____	_____
#7 _____	_____
#8 _____	_____
#9 _____	_____
#10 _____	_____

6. If an CD/DVD please ensure it is cued or set to where viewing is to start (maximum 2 minutes)

7. If a manuscript or script, limit to maximum of 4 written pages.

Section 10 - DECLARATION and CONSENT

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

1. One current NAAF Fine Arts Bursary 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, Grades or Record of Studies (if applicable).
 8. Letter of Enrolment & Cost.
 9. Financial Report Form if you received an award the previous year and have not yet forwarded it to NAAF.
 10. Work Sample.
- 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 11 – APPLICANT ASSESSMENT FORMS

Applicants are required to submit two applicant assessment forms filled out by a faculty member, teaching assistant, sessional lecturer or practicum supervisor of the institute, college or university that the applicant is attending.

NATIONAL ABORIGINAL ACHIEVEMENT FOUNDATION



Fine Arts – Training/Lessons; Internship - 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 post secondary education, 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

Student Last Name:	First Name:
Assessor 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"/> Supervisor <input type="checkbox"/> Teacher <input type="checkbox"/> Instructor <input type="checkbox"/> Teaching Assistant <input type="checkbox"/> Faculty Member <input type="checkbox"/> High School Principal <input type="checkbox"/> Employer (only to be used by applicants who have been out of school for more than 1 year) <input type="checkbox"/> Other (please specify) _____	

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
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 **work performance**?

Please comment on the applicant’s **potential to succeed** in the chosen program of study in light of his or her past 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 area of study.

PERSONAL ATTRIBUTES

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

Please describe any **personal factors** that may hinder the applicant’s ability to succeed in their chosen area of study.

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 the National Aboriginal Achievement Foundation office. Note to Assessor – Signature and 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

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

NATIONAL ABORIGINAL ACHIEVEMENT FOUNDATION



Fine Arts - Training/Lessons; Internship - 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 post secondary education, 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

Student Last Name:	First Name:
Assessor 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"/> Supervisor <input type="checkbox"/> Teacher <input type="checkbox"/> Instructor <input type="checkbox"/> Teaching Assistant <input type="checkbox"/> Faculty Member <input type="checkbox"/> High School Principal <input type="checkbox"/> Employer (only to be used by applicants who have been out of school for more than 1 year) <input type="checkbox"/> Other (please specify) _____	

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
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 **work performance**?

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

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PERSONAL ATTRIBUTES

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

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

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 the National Aboriginal Achievement Foundation office. Note to Assessor – Signature and 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

National Aboriginal Achievement Foundation
Attn: Education Department
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Ohsweken, Ontario
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