**Mohawks of Akwesasne**

***Community Settlement Trust***

***akwesasnetrust.com***

***applications.akwtrust@gmail.com***

**2023 Trust Scholarship Application Form**

The Trustees of the Mohawks of Akwesasne Community Settlement Trust are pleased to announce that they will be granting Scholarships of $3,000 for full-time students and $1,500 for part-time students for a number of Akwesasronon who are attending Universities, Colleges or Technical Institutes.

**Incomplete applications will not be considered.**

**Who can apply for the Scholarship?**

Any Akwesasronon member who is pursuing a full-time or part-time post-secondary degree. You are considered to be a **full-time student** if you regularly attend a college, university, or other educational institution (i.e. Trade School) in a program at a post-secondary school level (whether in Canada or not); and during a particular semester, you are taking at least 12 credits (four classes or more). **Part-time** would refer to you taking between 6 and 11 credits (generally two to three classes). Please contact the Trustees if you have any questions regarding your specific situation.

A letter of confirmation of admission (for students going into their first year), a copy of an official transcript/report card and copy of a completed Membership Confirmation form (see attached) signed by the Applicant are required. Members who were awarded a scholarship from the Trust in 2022 will not be eligible for the 2023 scholarship.

**Do not** submit the Membership Confirmation form to the Office the Vital Statistics (“OVS”) – the Trust will send all Membership Confirmation forms at once to the OVS.

**What is the deadline for submitting an application?**

The deadline is **Friday, June 30, 2023, at 4:00 p.m**. **EST**. Applications will only be accepted via email at **applications.akwtrust@gmail.com** in Microsoft Word (.doc or .docx), Adobe Acrobat (.pdf) or JPEG (.jpg) format. Include “2023 Trust Scholarship Application” as the title of your email.

Eligible Akwesasronon students must complete an application that includes a 500-word essay (using size 12 font). In your essay, please explain in your own words:

* Why do you think you would be a good candidate to receive the Akwesasne Community Trust Scholarship?
* How will your education benefit the Community?

**Incomplete applications will not be considered.**

If you have questions, please contact the Trust by email at **applications.akwtrust@gmail.com**, or contact one of the Trustees:

|  |  |
| --- | --- |
| Wendy Thompson (Chairperson) | 315-705-5429 |
| Amanda Jacobs  | 518-651-1982 |
| Patricia Adiaconitei | 613-551-4681 |
| Katelynn Delormier | kkdelorm@gmail.com |
| Pat Oakes  | 613-360-3283 |
| Marie Seymour (Vice Chairperson) | 315-323-2841 |

**DO NOT** contact the Mohawk Council of Akwesasne with questions regarding the scholarship application process. All questions should be directed to **applications.akwtrust@gmail.com.**

Scholarship recipients will be notified by email. A list of the recipients will also be posted on the Trust’s Facebook page, Trust Website, **akwesasnetrust.com**, and other publicly-available locations.

**Submit your application by email to: applications.akwtrust@gmail.com**

**APPLICATION CHECKLIST – please ensure that you include the following information in your application:**

* **Use only the “2023 Trust Scholarship Application Form” (versions from prior years will not be accepted);**
* Fully completed and signed “Application Form”;
* Essay (500 words);
* Signed letter of recommendation;
* Copy of letter of acceptance for the fall semester if you are entering your first year;
* Copy of your official transcript or report card; and
* Completed Membership Confirmation Form **signed by the Applicant** (**do NOT submit** to Office of Vital Statistics).

**Applications with missing information, or late applications, will not be considered.**

**Submit your application by email to:** **applications.akwtrust@gmail.com** **no later than Friday, June 30, 2023, at 4:00 p.m. EST.**

**Please note, the decision of the Trustees is final and is not open to be disputed in order to receive the award.**

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

**Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(**City/Town/Village**) (**Province/State**) (**Postal Code/Zip Code**)

**Telephone number**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**University, College or Technical Institute attending (including City, Province/State)**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you enrolled full or part time in program**: □(full-time) □(part-time)

**What is your course of study?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is the length of your program in years**: \_\_\_\_\_\_\_\_\_\_\_\_

**What year of the program are you currently in**: \_\_\_\_\_\_\_\_\_\_\_

**What job/career/occupation do you hope to have when you graduate?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List any financial assistance you are currently or will receive (post-secondary funding, bursaries, scholarships, stipends, etc.) including amounts. Please be as accurate as possible.**

**Please note that receiving other sources of funding does not preclude you from receiving funding from the Trust.**

|  |  |
| --- | --- |
| **Source of funding** | **Amount**  |
| AMBE |  |
| SRMT |  |
| OSAP |  |
| Indspire |  |
| Other: |  |
| Other: |  |
| Other: |  |
| **Total:** | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**What do you estimate your education-related expenses will be? completion of this section is mandatory.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Expenses** | **Sep. 1 to Dec. 31, 2023** | **Jan. 1 to Jun. 30, 2024** | **Total** |
| Tuition |  |  |  |
| Textbooks |  |  |  |
| Academic supplies |  |  |  |
| Accommodations |  |  |  |
| Food |  |  |  |
| Transportation |  |  |  |
| Health programs/insurance |  |  |  |
| Other (identify) |  |  |  |
| i. |  |  |  |
| ii. |  |  |  |
| iii. |  |  |  |
| **Total:** | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Provide a signed letter of recommendation from someone who knows you well, such as**: Grand Chief & Council, Community administrator, Community education office, College or University guidance officer, Professor/Instructor, former employer, etc. Please ensure this letter is signed by the individual providing the recommendation.

**Essay submission**

Provide an essay, 500 words in length, based on your course of study:

* Why do you think you would be a good candidate to receive the Akwesasne Community Trustee Scholarship?
* How will your education benefit the Community?

**Incomplete applications will not be considered.**

**Certification and signature**

I certify that I am the author of the material I am submitting to the Akwesasne Community Trustees. The Akwesasne Community Trustees may reproduce, distribute, publish, display, and otherwise use the material for any purpose in any form and on any media.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name: Date:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**

**Membership Confirmation Form**

For the individual applying for a scholarship from the Trust, **please complete only Part 1 of this form**, including your name, date of birth and **signature**. Submit this form in your application.

**Do not submit this form to the Office of Vital Statistics** – the Trust will send all Membership Confirmation Forms at once to the OVS.

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| **PART 1 - CONTACT PERSON INFORMATION** |

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

**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Registry Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am the person applying for a scholarship from the Mohawks of Akwesasne Community Settlement Trust. The Trustees will need additional membership information as listed in Part 2 before acceptability of proposal can be determined. When complete, please forward this form to the Mohawks of Akwesasne Community Settlement Trust.

**Applicant’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **PART 2 –STATUS OF MEMBERSHIP (to be completed by OVS and NOT by the Applicant)** |

□ Member under Akwesasne Membership Code

□ Probationary member under the Akwesasne Membership Code
 Expiration date of Probation Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Not a member under Akwesasne Membership Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager/Membership Officer Date
Office of Vital Statistics