



# MOHAWKS OF AKWESASNE *Community Settlement Trust*

*akwesasnetrust.com*

[applications.akwtrust@gmail.com](mailto:applications.akwtrust@gmail.com)

## 2025 Trust Scholarship Application Form and Checklist

**APPLICATION CHECKLIST – please ensure that you include and consider the following in your application submission:**

- Use only the “2025 Trust Scholarship Application Form” (versions from prior years will not be accepted);
- Fully completed and signed “**Application Form**” (pgs. 4-8);
- Essay (500 words);
- Signed** letter of recommendation (signature **cannot be typed**);
- 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)**.
- Submit your application by/before the deadline of **Friday, June 27, 2025 at 4:00pm EST**

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

## 2025 Trust Scholarship Application Instructions

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, along with all other documents noted in the checklist provided. Please note that Members who were awarded a scholarship from the Trust in 2024 **are eligible** to re-apply for the 2025 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 27, 2025, 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 “2025 Trust Scholarship Application” in the subject line of your email.

Eligible Akwesasronon students must submit 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](mailto:applications.akwtrust@gmail.com)**, or contact one of the Trustees:

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

**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](mailto: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](http://akwesasnetrust.com)**, and other publicly-available locations.

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

**Submit your application by email to:**

**[applications.akwtrust@gmail.com](mailto:applications.akwtrust@gmail.com)**

**no later than Friday, June 27, 2025, 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: \_\_\_\_\_

\_\_\_\_\_  
(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? \_\_\_\_\_

Which year of the program are you entering? \_\_\_\_\_

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, 2025	Jan. 1 to Jun. 30, 2026	Total
Tuition			
Textbooks			
Academic supplies			
Accommodations			
Food			
Transportation			
Health programs/ insurance (if/as applicable)			
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, ***and that the signature is not typed.***

### **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.**

**Please use the provided checklist to ensure all documents and information have been submitted as required to: [applications.akwtrust@gmail.com](mailto:applications.akwtrust@gmail.com).**

**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:**

\_\_\_\_\_  
**Applicant's Signature (do not type)**



# 2025 Trust Scholarship Application Form

## 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.

### 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 (do not type):** \_\_\_\_\_

### 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  
Office of Vital Statistics

\_\_\_\_\_  
Date