

**Important:  
Please Read**



Health Santé  
Canada Canada

## ABORIGINAL HEALTH CAREERS

2005 - 2006

## SPECIAL BURSARY AWARDS

Deadline of February 17, 2006

**THE NATIONAL ABORIGINAL ACHIEVEMENT FOUNDATION (NAAF)** is a nationally registered charity with a mandate to provide financial support to Aboriginal individuals who are pursuing education and professional development.

**HEALTH CANADA** selected NAAF to administer its health careers scholarship and bursary program that assists Canadian resident First Nations, Inuit & Métis students to pursue education opportunities leading to professional health careers.

**The deadline for applying to this SPECIAL BURSARY AWARD IS FEBRUARY 17, 2006. Applications must be post-marked (in the mail) by February 17, 2006. NOTE: Applications that are post-marked after February 17 will be returned.**

You are eligible to apply for financial assistance if you are:

- ✓ A Canadian resident Aboriginal individual who is either First Nation status or non-status, Métis or Inuit;
- ✓ Enrolled in a program of full-time post-secondary study – that is not less than two academic years – at an accredited university, college or CEGEP and pursuing a certificate, diploma or degree; there is an exception made for one-year upgrading programs such as nurse practitioner program after a Bachelor of Science in nursing;
- ✓ Studying a branch of the health sciences such as: nursing, medicine, dentistry, pharmacy, lab technology, physiotherapy, dietetics, health administration, public health policy.

Financial assistance is not provided from the Health Careers program for:

- ✗ General science studies; science students should apply to the Business, Science and General Education program. The deadline for that program is June 1.
- ✗ Undergraduate studies outside of Canada;
- ✗ Studies in psychology, counseling, massage therapy, optometry: students in these programs should apply to the Business, Science and General Education program. The deadline for that program is June 1.

**A fully completed application includes:**

1. one **NAAF SPECIAL BURSARY AWARDS** Health Careers application form and statement of financial need (budget) fully completed and signed.
2. proof of Aboriginal ancestry – photocopy of Band/Treaty card; Métis membership card; Inuit Beneficiary card. Students who are non-status First Nation may send a photocopy of the band card issued to parent or grandparent.
3. current transcript of grades
4. two assessment reports completed and placed in sealed envelopes;
5. a letter of personal introduction to the jury that includes your ideas on Aboriginal health care, its challenges and the role that you will play in meeting those challenges; the letter should also describe your living connection to your own Aboriginal community and any other special circumstance that might warrant special consideration by the jury;
6. a resume or CV;
7. a recent photograph (head and shoulders) that can be used on NAAF's website or in its scholarship brochure or other advertising;
8. confirmation of admission into program, OR, proof of continuing enrollment in program.
9. For First Nations and Inuit students who were unable to get band funding, forward a letter from the Band or the Post Secondary Education Office indicating that funding was denied.

When completing the statement of financial need (budget), please consider the following:

Under **Expenses** –

- the jury will look at the individual items within the budget and determine if they are in accord with accepted norms. 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;
- If you are sharing a dwelling with someone who is not a dependant, do not include the costs for the second person;
- Loan or credit card payments or payments on major purchases such as cars should be included in the budget in the space provided, and a brief explanation of the reason the debt was incurred should also be included. The jury will exercise its discretion in determining whether these expenses are reasonable in calculating the overall shortfall;
- Include a breakdown of course material costs if they exceed \$1,000.

Under **Income** –

- If you have children and are claiming child care expenses, it will be necessary to include the Child Tax Benefit under income;
- NAAF encourages all students to make a personal financial contribution to the costs of their education. This may come from a part-time job, employment or a student loan;
- 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.
- Include funding provided by the Band for tuition, books and living accommodation.

If you have questions or concerns about your budget, you are encouraged to call the Education Department of NAAF at **1-800-329-9780** for assistance.

When adjudicating applications, the Jury uses the following criteria:

- ✓ academic merit, as shown on the grade transcripts;
- ✓ proven financial need when combined with a willingness to contribute to the overall costs;
- ✓ faculty assessment reports;
- ✓ evidence of long-term commitment to a professional health career;
- ✓ evidence of a living connection to one's individual Aboriginal community.

The level of financial assistance will vary depending on the number of applicants and the assessed financial need in relation to the funds that are available. Increasing numbers of students – faced with rising education costs – are applying for higher levels of financial assistance, which strains the program's resources. Last year, while over three quarters of those who applied received some measure of assistance, less than 18% of all students received the full amount of their request. Therefore, it is both necessary and wise to explore all other resources for financing either concurrent with or before applying to NAAF and essential to have other sources of financing lined up to complement any award received from the Aboriginal Health Careers program.

Applications are reviewed by a Jury of recognized First Nations, Inuit and Métis health career professionals. Fair geographical representation and Aboriginal affiliation representation is considered when inviting jurors to the process. Jury composition is altered for every review.

All applicants – successful or otherwise – will receive written notification of the jury decision regarding their individual application .

All awards are a matter of public record and are published on the National Aboriginal Achievement Foundation website at [www.naaf.ca](http://www.naaf.ca). Photos received may be published on our website, in our brochure or in our corporate communications. Students whose letters contain thoughts that may inspire other students are frequently selected – with appropriate credit given – for NAAF's scholarship brochure. In addition, the sponsor of your award may choose to publish your name and photo as well as acknowledge and congratulate your scholastic achievements publicly. Accordingly, NAAF provides recipient contact information to the relevant sponsor and, when requested, provides student resumes for summer employment consideration.

If you receive an award, you will be required to submit:

- ✓ a financial accounting of your award which should include photocopies of receipts for books or course material, tuition or other receipts that are directly related to your education costs;
- ✓ final grade transcripts that cover the semesters for which you requested assistance.

This report is due no later than one month after studies end OR in the event that you are applying for the next year of study, it may be included with your application. Please keep a copy of your report and be prepared to produce it, if requested. Only those students who have submitted a report within the allowable time will be eligible for consideration in any given year. If you have received an award in the past but did not submit a financial accounting within the allowable time period you will not be eligible for an award in the current year, but if a report is submitted you will become eligible for consideration in the year following the submission of the late report.

Scholarships and bursaries are deemed as income by the Canada Customs and Revenue Agency and must be reported as such. You will receive a T4A form from NAAF in February 2007 in respect of any financial assistance you receive.

Please send application packages by mail or courier. The preferred method is one that requires a signature at the receiving end. Applications must be postmarked on or before Special Bursary Awards Deadline of February 17, 2006 to be eligible for jury consideration. Send to:

**National Aboriginal Achievement Foundation**  
**70 Yorkville Avenue, Suite 33A, Toronto, Ontario, M5R 1B9**  
You may otherwise contact NAAF via:  
Tel: 416-926-0775 Toll Free: 1-800-329-9780 Fax: 416-926-7554  
Email: [education@naaf.ca](mailto:education@naaf.ca)  
Website: [www.naaf.ca](http://www.naaf.ca)

**NATIONAL ABORIGINAL ACHIEVEMENT FOUNDATION**  
**Special Health Careers Bursary Awards Application for Academic Year 2005-2006**

Family Name	Given Name(s)	S.I.N.	Date of Birth (dd/mm/yy)	Male <input type="checkbox"/>
				Female <input type="checkbox"/>

Address While in School:				Permanent Mailing Address			
City	Province	Postal Code	Telephone	City	Province	Postal Code	Telephone

Address you would like us to use: SCHOOL _____ PERMANENT _____	E-mail Address	Marital Status Single: <input type="checkbox"/> Married: <input type="checkbox"/> Common Law: <input type="checkbox"/>	# of Dependants	Dependants Age(s)
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How much financial assistance have you received from NAAF in the past?

2000 \$ \_\_\_\_\_ 2001 \$ \_\_\_\_\_ 2002 \$ \_\_\_\_\_ 2003 \$ \_\_\_\_\_ 2004 \$ \_\_\_\_\_

(If you received assistance last year, have you remembered to submit a financial accounting of that award? If not, your application for this year will not be considered)

**Education:**

Identify institution you are attending.	<input type="checkbox"/> <input type="checkbox"/>	What Year of Study will you be enrolled in? 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
What is the length of your program (in years)? 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	What degree or diploma will you graduate with?	When will you complete the program?
Start date for the 2005-2006 academic year (dd/mm/yy)	Finish date for the 2005-2006 academic year (dd/mm/yy)	Upon completion of your studies, what is your desired occupation?

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

Period of Study		Institution		
dd/mm/yy	dd/mm/yy	Name of Institution	Program	Degree Granted (if any)
From	To			

My most recent grade average is \_\_\_\_\_ out of a possible \_\_\_\_\_ OFFICIAL GRADE TRANSCRIPT IS MANDATORY

**Aboriginal Heritage**

Are you related to an Aboriginal Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>	Please state name of Veteran and your relationship		
Aboriginal Ancestry:	Native Affiliation: e.g. Cree, Ojibway, etc.		
First Nation Status <input type="checkbox"/>	Name of Reserve (if applicable)	Province	Membership #
Non-Status <input type="checkbox"/>	Name of Métis Association (if applicable)	Province	Membership #
Métis <input type="checkbox"/>	Name of Territorial Registration (if applicable)	Membership #	
Inuit <input type="checkbox"/>			

**Declaration:** 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 truthful. I understand that any false statements intentionally given on this application or in the telephone interview will disqualify my application. If I have not done so previously, I am attaching a financial accounting of any award I received last year from NAAF. I hereby consent and NAAF is authorized to release my contact information to NAAF's corporate sponsors (including name, telephone number, e-mail, and mailing address), so that they may contact me personally.

Signed \_\_\_\_\_ Date \_\_\_\_\_



**BUDGET OUTLINE (continued)**

Type of Payment (Credit Card, Personal Loan, etc.)	Amount of Payment (Monthly)	Total amount owed while in school (monthly payment x #of months in school)	Reason for Payment (eg. Loan for car, money used towards education, etc.)

Based on the information provided on the previous page your calculated need is:

$$\frac{\quad}{\text{(Total expenses)}} - \frac{\quad}{\text{(Total resources)}} = \frac{\quad}{\text{(Total shortfall)}}$$

**Additional Information**

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**Declaration**

By signing below, I affirm that the information provided through this application, to the best of my knowledge, is full and complete. I understand that any false statements intentionally given on this application or in the telephone interview will disqualify my application.

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Signed \_\_\_\_\_ Date \_\_\_\_\_

## ASSESSMENT FORM

An important part of our jury decision making process is to have an objective assessment of the student's academic/work abilities. While we would strongly prefer that these forms be filled out by a faculty member, we are willing to make exceptions in certain limited circumstances. 1) 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 these forms. 2) If the upcoming year will be your first year of post secondary education, have these forms filled out by your high school teachers/principal. 3) If you have just completed your first year of post-secondary but do not feel that there are any faculty members who could provide a meaningful assessment of your work, you can have it completed by an employer or supervisor who is familiar with your work. NOTE: NAAF encourages students to establish stronger links and to build relationships with their faculty and advisors, as this is an important aspect of the post secondary education experience. As such, if you have completed two years or more of post-secondary education, it is expected that you will submit assessments that have been completed only by faculty who are familiar with your work.

### **IDENTIFICATION**

<b>Student</b> Last Name:	First Name:
<b>Assessor</b> Last Name:	First Name:
Work Address	The Assessor has known the applicant for how long?
Relationship to the Applicant  <input type="checkbox"/> Employer <input type="checkbox"/> Professor <input type="checkbox"/> Other (please specify)	

Please fill out the chart below based on your best assessment of the candidate's abilities

	Outstanding			Above Average		Average	Below Average	Unable to Judge
	<i>upper 2%</i>	<i>upper 5%</i>	<i>upper 10%</i>	<i>upper 20%</i>	<i>upper 30%</i>	<i>upper 50%</i>	<i>lower 50%</i>	
Academic Preparedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please expand on the student's abilities by answering the questions below in the space provided. Please **do not** attach additional sheets.

### **ACADEMIC/WORK PERFORMANCE**

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.

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**MOTIVATION AND MATURITY**

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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.

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**PERSONAL ATTRIBUTES**

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

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

Please attach a business card here or fill out the information below.

Name of Assessor (Please Print/Type):

Institution:

Position and Department:

Address:

Telephone: (     )

Fax: (     )

E-mail address:

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Signature of Assessor

Date

Please return this completed form to the student in a sealed envelope so that they can include it with their application. Students must have their applications post-marked (in the mail) by February 17, 2006.

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

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

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Name of Assessor (Please Print/Type):

Institution:

Position and Department:

Address:

Telephone: (     )

Fax: (     )

E-mail address:

+

Signature of Assessor

Date

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