



# Karonhiaráhstha's Post-Secondary Scholarship Program Application

## INTRODUCTION

*Karonhiaráhstha's Post-Secondary Scholarship Program* was established in 2016 in memory of Karonhiaráhstha Sky Junie Delisle.

The purpose of *Karonhiaráhstha's Post-Secondary Scholarship Program* is to provide financial assistance to Kahnawake students who are pursuing an education in the fields of medicine, nursing, health professions, and health sciences, including but not limited to traditional medicine and mental health professions.

Deadline to apply: Monday July 1st, 2024

## CONTACT INFORMATION & PERSONAL INFORMATION

LEGAL NAME (FIRST & LAST NAME)	
PREFERRED NAME (IF DIFFERENT THAN LEGAL NAME)	DATE OF BIRTH (MM/DD/YYYY)
PREFERRED PRONOUNS (CHECK ALL THAT APPLY)	WHICH GENDER DO YOU MOST IDENTIFY WITH?
<input type="checkbox"/> SHE/HER <input type="checkbox"/> HE/HIM <input type="checkbox"/> THEY/THEM	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> GENDER FLUID <input type="checkbox"/> NON-BINARY <input type="checkbox"/> NOT LISTED: _____
BAND NUMBER	SOCIAL INSURANCE NUMBER (SIN)
PHONE NUMBER	EMAIL ADDRESS
MAILING ADDRESS (P.O.BOX, STREET ADDRESS)	
CITY, PROVINCE	POSTAL CODE

## ACADEMIC INFORMATION

In this section, please provide information on the academic program you are currently enrolled in or have been accepted into for Fall 2024.

PLEASE IDENTIFY THE TYPE OF ACADEMIC PROGRAM YOU ARE ENROLLED IN	NAME OF PROGRAM
<input type="checkbox"/> HIGHSCHOOL <input type="checkbox"/> VOCATIONAL PROGRAM <input type="checkbox"/> CEGEP (2-YEAR PROGRAM) <input type="checkbox"/> CEGEP (3-YEAR PROGRAM) <input type="checkbox"/> BACHELOR'S DEGREE <input type="checkbox"/> MASTER'S DEGREE <input type="checkbox"/> PHD/DOCTORATE	     NAME OF INSTITUTION
PROGRAM START DATE (MM/DD/YYYY) IF YOU DON'T KNOW THE EXACT DAY WRITE "01"	EXPECTED GRADUATION DATE (MM/DD/YYYY) IF YOU DON'T KNOW THE EXACT DAY WRITE "01"

## AVAILABILITY

IF YOU WERE SELECTED TO PARTICIPATE IN AN INTERVIEW. WHEN WOULD YOU BE AVAILABLE? (CHECK ALL THAT APPLY)							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MORNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AFTERNOON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVENING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## REQUIRED DOCUMENTS

PLEASE INCLUDE A COPY OF THE FOLLOWING DOCUMENTS:

- A COPY OF YOUR BAND CARD
- A COPY OF YOUR PROGRAM ACCEPTANCE LETTER OR PROOF OF CONTINUED ENROLLMENT
- A COPY OF YOUR MOST RECENT ACADEMIC TRANSCRIPT
- A COPY OF YOUR CV
- TWO LETTERS OF RECOMMENDATION
- A PERSONAL ESSAY (500-1000 WORDS) EXPLAINING WHY YOU SHOULD RECEIVE A *KARONHIARÁHSTHA'S POST-SECONDARY SCHOLARSHIP*.
- A PHOTO OF YOURSELF (PREFERABLY YOUR MOST RECENT GRADUATION PHOTO)
- A BRIEF BIOGRAPHY NO MORE THAN 120 WORDS (AWARD RECIPIENTS WILL HAVE THEIR PHOTO AND BIOGRAPHY PUBLISHED BY THE KATERI MEMORIAL FOUNDATION)

## CONSENT

The Kateri Memorial Foundation publishes the names, photos, and biographies of all award recipients. This information may be published both online and in print. (website, social media, press releases, reports, posters)

DO YOU CONSENT TO HAVING THE KATERI MEMORIAL FOUNDATION USE YOUR NAME, IMAGE, AND LIKENESS TO PROMOTE THE KARONHIARÁHSTHA'S POST-SECONDARY SCHOLARSHIP PROGRAM?

- YES
- NO

## APPLICANT DECLARATION

- I HEREBY DECLARE THAT THE INFORMATION CONTAINED IS TRUE AND ACCURATE
- I HEREBY GIVE THE KATERI MEMORIAL FOUNDATION PERMISSION TO VERIFY ANY AND ALL INFORMATION CONTAINED IN THIS APPLICATION

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APPLICANTS SIGNATURE

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DATE

FOR MORE INFORMATION:

**CALL** 450-633-0276

**EMAIL** [INFO@KATERIFOUNDATION.CA](mailto:INFO@KATERIFOUNDATION.CA)