

**HISTORIC SAUGEEN MÉTIS  
\$500 COMMUNITY STUDENT AWARD  
(PRIVATELY FUNDED)**

**Eligibility – Historic Saugeen Métis registration**

**Instructions:**

- 1) All sections must be fully completed in order for the Student Award Committee to assess your application.
- 2) Eligibility. The award is open to Historic Saugeen Métis post-secondary students who are enrolled in an approved program at an Ontario Educational Institution.
- 3) Submit completed applications to the Student Award Committee, Historic Saugeen Métis, 204 High Street, Southampton, Ontario N0H 2L0.
- 4) Awards will be mailed by October 31<sup>st</sup> following HSM receipt of proof of attendance in the fall, such as provided through university records or correspondence with the student.

NAME: \_\_\_\_\_

DOB \_\_\_\_\_  
D M Y

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

Postal Code \_\_\_\_\_

PHONE # (\_\_\_\_\_) \_\_\_\_\_ HSM # \_\_\_\_\_

E-mail: \_\_\_\_\_

Post Secondary Institution: \_\_\_\_\_

Area of Study: \_\_\_\_\_

Year: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_

Post Graduate: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_

**STUDENT CONSENT**

If approved for an award, I hereby grant permission for my name to be used by the Historic Saugeen Métis and /or the post-secondary institution for the purposes of promotion and marketing of the award program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date