

**HISTORIC SAUGEEN MÉTIS  
\$750 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 Education Institution.
3. Submit completed application along with a proof of enrollment from your post-secondary institution.
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** \_\_\_\_\_  
Day, Month, Year

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_ **POSTAL CODE** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**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 for the post-secondary institution for the purposes of promotion and marketing of the awards program.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**