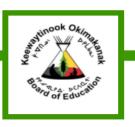
KEEWAYTINOOK OKIMAKANAK BOARD OF EDUCATION



Seventh Generation Memorial Scholarship Application

For more information on the scholarship please visit http://kmms.ca

	Applican	t Information			
Student Full Name:			Date:		
	Last First	M.I.			
Mailing Address:					
	Street Address		Apartment/Unit #		
	City	Province	Postal Code		
First Nation Community		Email			
Teachers Si	gnature:	Teacher Email:			
Education & Bio					
High School	l:				
Desired Post-Secondary Program:					
Desired Pos	e-Secondary Program.				
Student Bio & Photo:					
o Ensure a photo is attached with your application (ideally a grad photo).					
 Please provide a brief outline of who you are: i.e. what your interests and passions are; if you enjoy the arts; your extracurricular interests). (150- 250 words). This can be submitted as an additional document. Please ensure print is legible. 					
Signature:		Da	ate:		



Seventh Generation Memorial Scholarship MEDIA RELEASE CONSENT FORM

Signing this consent form means that you agree to allow Keewaytinook Okimakanak Board of Education

KOBE) permission to: Check mark all the things you agree too)
O Allow for your photo(s) to be used in the Sioux Bulletin newspaper, Wawatay newspaper, ar posted on the Seventh Generation Memorial Scholarship website at http://kmms.ca
 Allow for your submitted caption, name, community and high school to be posted in the Sioux Bulletin newspaper, Wawatay newspaper, and posted on the Seventh Generation Memorial Scholarship website at http://kmms.ca
O I prefer to remain anonymous and not have my name or any of my personal information shared
Please return this form with your parent/guardian signature to your teacher who will be submitting you name, caption, and photo on your behalf.
Student Name:

Parent Signature (if student is under 18 years of age): _	

Date: _____

Student Email:

Student Signature: