

The Florence Hill Trust
APPLICATION FOR POST-SECONDARY EDUCATION BURSARY
For the Members of the Six Nations of the Grand River First Nation

Applicant's First Name: _____ Applicants Last Name: _____

Date of Birth: _____

First Nation & 10 Digit Status No: _____

Parents or Guardian's Name: _____

(if applicant is under 18 years of age).

Contact Person: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Post-Secondary Institution

Name & Address (University, College, or Other): _____

Students must attach proof of enrollment in a minimum 2-year program, current class schedule from applicable post-secondary institution plus a written submission detailing how the Florence Hill Trust bursary will benefit the applicant and in turn the Six Nations of the Grand River First Nation.

Student's Signature: _____ Date: _____

Information for Parent or Guardian for Student(s) under the age of 18

I am aware that my child/ward has made an application for student support.

Purpose: _____ Payable To: _____

Amount: _____

Parent/Guardian Signature: _____ Date: _____

Please submit completed application, proof of enrollment and written submission to CIBC Trust Corporation via email, fax, or mail by January 19th, 2023. CIBC Trust will acknowledge receipt of your submission.

Trustee Contact Information:

CIBC Trust Corporation, Indigenous Trust
Attn: Don Allen
CIBC Square
81 Bay Street, 11th Floor
Toronto, Ontario, M5J OE7
don.allen@cibc.com