

SCHOLARSHIP APPLICATION FORM

“Honouring 20 years: Transforming Wholistic Approaches to Indigenous Health”



The Canadian Aboriginal AIDS Network and the Aboriginal HIV and AIDS CBR Collaborative Centre Present

Wise Practices VI, Skills Building and AGM Gathering

September 25 – 28, 2017

Grey Eagle Resort and Casino

3777 Grey Eagle Dr, Calgary, AB T3E 3X8

Schedule at a glance:

Overview of Events	
Date	Event
Monday September 25, 2017	APHA Caucus
Tuesday September 26, 2017	Registration, Gathering Day 1 – Grand Entry, WP VI and Skills Building Sessions
Wednesday September 27, 2017	Registration, Gathering Day 2 WP VI and Skills Building Sessions (day), Feast and AGM (evening)
Thursday September 28 2017	Registration, Gathering Day 3 WP VI and Skills Building Sessions and closing plenary

Please read this before continuing:

Section I: Applicant’s name and scholarship requests

Section II: Personal information and reference.

Section III: To be completed if you are requesting support for travel or childcare.

Preference will be given to Aboriginal People Living with HIV/AIDS, Hepatitis C for scholarships.

DEADLINE FOR SCHOLARSHIP APPLICATIONS: June 30, 2017 (4 pm Eastern Daylight/Toronto Time)

Please email/fax completed application to Patrick Brownlee at patrickb@caan.ca / Fax: 902-433-3041

Section I: (To be fully completed)

Please print clearly

Name: _____

Address: _____ City: _____

Province/Territory: _____ Postal Code: _____

Email: _____

Phone: (_____) _____ Fax: _____

Affiliation: _____

(i.e. organization, program, department, or community)

Job Title (if relevant): _____

_____ I am affiliated with CAAN

SCHOLARSHIPS:

I am applying for a scholarship to cover the following costs:

_____ travel from my home to the gathering (outside of the host city)

_____ travel from my home to the gathering (local)

_____ hotel room during the gathering

_____ meals during travel that are not provided during the conference

_____ childcare

_____ registration fees

DEADLINE FOR SCHOLARSHIP APPLICATIONS: June 26, 2017 (4 pm Eastern Daylight / Toronto Time)

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Section II: SCHOLARSHIP APPLICATION

Note: You do not have to share personal information you do not feel comfortable with. This information is used only to help us select delegates from different backgrounds so we hear their voice. You may leave some sections blank if you so choose, but we ask that you fill out all information to the best of your abilities. All information is kept confidential.

Information:

How old are you? Under 24 25 – 34 35 – 44 Over 45

I am an Inuk: Yes No

I am Métis : Yes No

First Nations: Yes No

Other: _____

Gender: _____

(i.e. Female, Male, Transgender, Intersex)

I identify as: _____

(i.e. Heterosexual, 2-Spirit/Gay/Lesbian, Transgender, Intersex)

<i>About you...</i>	Yes	No
<i>I am an Aboriginal Person Living with HIV or AIDS</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>I am Aboriginal Person living with HCV</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>I will be attending as an individual</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>I will be attending for an Organization Which Organization (if applicable)</i>	<input type="checkbox"/>	<input type="checkbox"/>

REFERENCE PERSON: _____

Their phone #: (_____) _____ (support letter required)

I authorize _____ to be my official contact.

Their phone #: (_____) _____

This person is **authorized to be contacted** and to have access to information regarding my scholarship application.

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SECTION III: TRAVEL INFORMATION

City or Town you will travel from: _____

Name as it appears on your identification: _____

Do you have **PHOTO IDENTIFICATION** from a government agency? Yes / No

Valid Health Care Card #: _____

Which costs do you need covered: (please check all that apply).

Please be advised that CAAN may only issue partial scholarships.

___ Air ___ Bus ___ Train

___ Car: # of kilometers _____ return

___ Hotel ___ Meals **Per diems will not be distributed until registration is open at the gathering.*

How far are you from the airport, bus or train station? _____

Will you have **airport parking costs**? _____

Ground fare to get to the airport and/or hotel? _____

Departure Date: _____ Preferred Time: _____

Return Date: _____ Preferred Time: _____
(CAAN will try to accommodate your request)

Are you a single parent: ___ Yes ___ No

I require **CHILDCARE ASSISTANCE**: (please include names and ages of children)

_____ Age _____

_____ Age _____

_____ Age _____

Emergency Contact Person: _____

Phone # (_____) _____

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Do you have any special needs: (please check off any that apply)

	Mobility (Wheelchair)
	Fridge for medications
	French Interpretation (available in some sessions)
	ASL (sign language)
	Dietary/Allergies <i>If yes, please state:</i>
	Travel Companion required <i>Name:</i>
	Other:

Please Note: CAAN will require anyone needing a travel companion to complete a medical travel companion form with either Air Canada or West Jet in order to receive the medical travel companion code. This will assist in managing the cost for the medical travel companion's flight. Your Doctor will need to complete a form to qualify for access to the airline's Medical Travel Companion program. Should you require assistance with filling out either the Airline or Doctor forms, please contact **Carrielynn Lund at (780) 450-1711 home or (780) 478-2999 cell.**

More detail is available from the airlines at:

Air Canada - <http://www.aircanada.com/en/travelinfo/before/documents/fft.pdf>

West Jet - http://www.westjet.com/pdf/travel/OPOF_Form1_en.pdf

Declaration: I declare all the information provided in this application to be true

Signature: _____ Date: _____, 2017

Witness: _____ Date: _____, 2017

Office use only: Received Application: _____ Notified on: _____
