Application for the 2026-27 First Nations Resource Development Scholarship

First name:

Last name:

Date of birth:

Day Month Year

Social Insurance Number (SIN):

Student ID:

Email Address:

Program Name:

Program Year and Program Duration (e.g., 1 of 4)

Have you applied for OSAP for your current study period?

□ Yes

□ No

VERIFICATION OF STATUS

Have you provided either a Status Card or letter or statement from your band on official letterhead and signed by an authorized signatory to the institution to verify First Nations identity?

□ Yes

□ No

If you have any additional costs during the academic year, such as specialized transportation or travel to a remote community, child care, accommodations, etc., please note the type of cost and how much you spend below:

_____
_____
_____
_____
_____
_____

_____ _____

Signature Date