



Indigenous Learning Centre Professional Development Scholarship Intake #4 - ONLINE COURSE - APPLICATION

Section 1 - Personal & Contact Information

| | | | |
|--|--------------|--|--------------------|
| <input type="checkbox"/> Check box if you currently reside in an Indigenous Community. | | | |
| Name: | | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Designation _____ | |
| Mailing Address: Street Address: | | City: | Prov: Postal Code: |
| Telephone: () | Cell: () | Please send correspondence to: <input type="checkbox"/> Address <input type="checkbox"/> Email | |
| E-Mail Address: | | | |

Section 2 – Heritage

| | |
|---|---|
| Ancestry: <input type="checkbox"/> Residential School Survivor <input type="checkbox"/> Intergenerational Survivors AND <input type="checkbox"/> First Nation <input type="checkbox"/> Métis | Preference will be given to Residential School Survivors and their descendants (the intergenerationally impacted). This project has received funding support from the NIB Trust Fund. |
|---|---|

AFOA Canada Membership (if applicable) #:

Consent for Collection, Use and Disclosure of Information:
By selecting 'yes', I consent to the collection, use and disclosure of my personal information for the purposes set out as per the Privacy Policy available on the ILC and AFOA Canada website. www.foa.ca
 Yes No

Section 3 – AFOA CANADA ON-LINE COURSES (Subject to availability.)

Online Course Scholarship will be awarded to applicants who wish to take one session winter or fall or one of each of the AFOA Canada or courses for the year academic year 2018/2019.

There are **twenty-six (26) online course scholarships** available.

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|--|
| <input type="checkbox"/> I am applying for a Winter 2019 (February 4 to May 17) OLINE COURSE (Please select a course from either the CAFM or CAPA Online Courses) |
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Certified Aboriginal Financial Manager (CAFM) On-line Courses:

- | | |
|---|---|
| <input type="checkbox"/> CAFM 3 – Indigenous Business Law | <input type="checkbox"/> CAFM 13 – Indigenous Ethics Case Study |
| <input type="checkbox"/> CAFM 4 – Strategy & Decisions | <input type="checkbox"/> CAFM 14 – Indigenous Human and Fiscal Issues |
| <input type="checkbox"/> CAFM 6 – Indigenous History & Developments | |

Certified Aboriginal Professional Administrator (CAPA) Online Courses:

- | | |
|--|--|
| <input type="checkbox"/> CAPA 1 – Human Resources Management | <input type="checkbox"/> CAPA 9 - Negotiation & Conflict Resolution |
| <input type="checkbox"/> CAPA 2 – Leadership | <input type="checkbox"/> CAPA 10 - Knowledge & Community |
| <input type="checkbox"/> CAPA 3 – Financial Oversight | <input type="checkbox"/> CAPA 11 – Critical Thinking & Analysis |
| <input type="checkbox"/> CAPA 4 – Communications | <input type="checkbox"/> CAPA 12 – Knowledge of Culture & Language |
| <input type="checkbox"/> CAPA 5 – Governance Structures and Processes | <input type="checkbox"/> CAPA 13 – Emotional Intelligence & Professional Development |
| <input type="checkbox"/> CAPA 6 – Accountability & Performance Reporting | <input type="checkbox"/> CAPA 14 – Law & Legislative Awareness |
| <input type="checkbox"/> CAPA 7 – Planning & Organization | <input type="checkbox"/> CAPA 15 – Indigenous Community Economic Development |
| <input type="checkbox"/> CAPA 8 – Values, Ethics & Professionalism | <input type="checkbox"/> CAPA 16 – Organizational Behaviour |

Section 4 - Employment

Check box if employer is an Indigenous community/organization

Organization Name:

Employer &/or Supervisor (Name & Title):

Mailing Address:

City:

Prov:

Postal Code:

Work phone: ()

Work E-Mail Address:

Length of current position:

Section 5 - Personal Letter of Application

This scholarship award is aimed at building capacity for Indigenous Peoples. To help the Selection Review Committee understand you better, please include a brief (two-page double spaced max) personal letter which addresses the following points below.

- Why you should be considered for the Professional Development Scholarship and how will this training help you in your current position and/or career aspirations.
- Demonstrates involvement, engagement, and/or participation in an Indigenous community (i.e. Volunteer work)
- Your view on the importance of effective finance and/or management
- Demonstrate need of Financial Assistance

Section 6 – References, Recommendations and/or Support

REFERENCE #1 (please attach letter)

| | | |
|--|---|--|
| Last Name: | First Name: | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Professional Designation _____ |
| Title: | Organization: | |
| City, Province, Postal Code | | |
| AFOA Canada Member: <input type="checkbox"/> Yes <input type="checkbox"/> No | Certified Designated Member of AFOA: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Relationship to Applicant: | Length of Relationship: | |
| HOME Phone Number: () | WORK Phone Number: () | |

REFERENCE #2 (please attach letter)

| | | |
|--|--|--|
| Last Name: | First Name: | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Professional Designation _____ |
| Title: | Organization: | |
| City, Province, Postal Code | | |
| AFOA Canada Member: <input type="checkbox"/> Yes <input type="checkbox"/> No | Certified Designated Member of AFOA: <input type="checkbox"/> Yes <input type="checkbox"/> No: | |
| Relationship to Applicant: | Length of Relationship: | |
| HOME Phone Number: () | WORK Phone Number: () | |

Section 7 - Declaration and Consent

- I have read and fully understand the guidelines that govern the application and selection process, and I have provided answers to **ALL** questions which apply to me.
- I certify that all information contained on this form is true and correct. I understand that any false statements intentionally given on this application, by email, or telephone will disqualify my application and will affect my ability to assess future financial support.
- I hereby give consent that ILC and AFOA Canada is authorized to release my contact information to Scholarship donors (including name, telephone number, e-mail, and mailing address), so that they may contact me personally.
- I understand that past scholarship winners **are not eligible** to apply for the same scholarship.
- I hereby give consent for ILC and AFOA Canada to use/publish my name, photo, and relevant information on AFOA Canada and ILC's website, and other communiques for promotion, marketing, advertising for ILC and AFOA Canada donor's communications.
- By selecting this box, you agree to receive e-mails and e-newsletters containing news, updates and promotions of AFOA Canada and ILC products, services, events, and affiliates. You may unsubscribe at any time.

| | |
|----------------------|-------|
| Applicant Signature: | Date: |
|----------------------|-------|

CHECKLIST - Have you included the following in your Application Package?

- Completed all sections of the application form
- Personal letter (*please see requested components on Section #5*)
- Two (2) Letters of Reference, Recommendation and/or Support

SUBMITTING YOUR APPLICATION

- ✓ Keep a copy of your application package for your personal records.
- ✓ Applications MUST be received before the deadline date of **January 18, 2019 at 3:00 pm EDT** to be eligible for the Selection Review Committee's consideration. Absolutely NO exceptions!
- ✓ Application packages can be emailed to pr@afoa.ca or faxed to **613-722-3467**, mailed, couriered or submitted in person at the address below:

**Indigenous Learning Centre (ILC)
c/o AFOA Canada
301-1066 Somerset Street West
Ottawa, ON K1Y 4T3**

**Scholarship Programs are administered through the Indigenous Learning Centre
which is a registered charity # 842869-7**