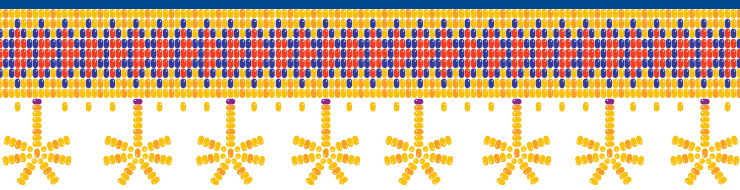

Canada Post Aboriginal Education Incentive Awards - Applicant Submission Form

Complete and attach this Applicant Submission Form to your entry

Name: _____

Mailing Address: _____

Telephone: _____ Fax: _____

Treaty or Membership Number: _____

Email Address _____

Education profile:

❑ **Study program you left**

When did you leave school? (Include Month & Year):

School name: _____

Name of study program: _____

Location: _____

Year(s) completed: _____

Have you completed one full year of studies before applying for this award? Yes ❑ No ❑

❑ **Current study program**

When did you return to school? (Include Month & Year) :

_____

School name: _____

Name of study program: _____

Location: _____

Year(s) completed: _____

Academic Contact

(who can confirm you have completed 1 year of studies)

Name: _____

Telephone (Day): _____

Email Address: _____

Community Contact

(who can confirm you are an Aboriginal Canadian)

Name: _____

Telephone (Day): _____

Email Address: _____

Applicant Signature*: _____

Date: _____

** By signing the Applicant Submission Form, the applicant agrees to the Awards rules.*