



National Black Coalition of Canada - Edmonton

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www.nbccedmonton.ca



Woke Edu Bursary and Mentorship Program Application Form for New Applicants

PERSONAL INFORMATION	
LAST NAME	FIRST NAME
MAILING ADDRESS	
CURRENT ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)	
PHONE NUMBER	EMAIL ADDRESS
AGE	DATE OF BIRTH
IF APPLICANT IS UNDER 18 YEARS OLD, NAME AND ADDRESS OF PARENT(S) OR LEGAL GUARDIAN(S):	
CITIZENSHIP STATUS: <input type="checkbox"/> CANADIAN CITIZENSHIP <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> OTHER (PLEASE SPECIFY):	
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> PREFER NOT TO SAY/OTHER (SPECIFY IF DESIRED):	
ETHNIC BACKGROUND	

STUDENT INFORMATION
NAME OF ACCREDITED POST-SECONDARY INSTITUTION YOU WILL BE ATTENDING

STUDENT NUMBER FROM ABOVE INSTITUTION

YEAR OF STUDY (PLEASE SELECT)

FIRST

SECOND

THIRD

FOURTH

FIFTH AND SUBSEQUENT

PROGRAM OF STUDY

PLEASE INCLUDE THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION:

1. **Letter of acceptance** from your post-secondary institution (or other proof of acceptance)
2. **Proof of full-time enrolment** for the upcoming year (e.g. class schedule, fee assessment, Office of the Registrar enrolment confirmation form, etc.)
3. **Letter of reference** from a community member, instructor, employer, or other prominent figure in your life describing your personal attributes, community involvement, discipline, and suitability for the Woke Edu Bursary and Mentorship Program (relatives cannot provide this letter of reference)

ADDITIONAL INFORMATION

BRIEFLY EXPLAIN YOUR INVOLVEMENT IN YOUR LOCAL BLACK COMMUNITY.

PLEASE DESCRIBE HOW THE WOKE EDU BURSARY AND MENTORSHIP PROGRAM WOULD BENEFIT YOU (e.g. HELPING MEET YOUR FINANCIAL NEEDS, OFFERING VALUABLE CONNECTIONS, ETC.).

DECLARATION AND E-SIGNATURE

BY ENTERING YOUR NAME BELOW, YOU CONFIRM THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE, TO THE BEST OF YOUR KNOWLEDGE. APPLICANTS WHO MISREPRESENT THEMSELVES OR THE FACTS MAY BE DISQUALIFIED FROM COMPETITION AND MAY BE REQUIRED TO REPAY PREVIOUSLY DISPERSED FUNDS, AT THE DISCRETION OF THE BURSARY COMMITTEE.

FULL NAME (IF APPLICANT IS UNDER 18, PARENT OR LEGAL GUARDIAN MUST SIGN HERE)

Please submit complete application and required attachments by email on or before the application deadline to WOKEEDU@NBCCEDMONTON.CA. If you have any questions or concerns, visit NBCCEDMONTON.CA/WOKEEDU or email WOKEEDU@NBCCEDMONTON.CA.