



# Aboriginal Student Awards Program Application

Suite 800, 605 - 5th Ave. SW, Calgary, Alberta Canada T2P 3H5 Tel: 1-800-717-9017 or awards@alliancepipeline.com

NEW APPLICATION

RENEWAL APPLICATION

**TYPE OF APPLICATION** MARK OFF ALL THAT APPLY

CERTIFICATION     TRADE PROGRAM     DIPLOMA     DEGREE     MASTER'S PROGRAM     CONTINUING ED

**APPLICATION INFORMATION** PLEASE PRINT

LAST NAME		FIRST NAME AND INITIAL		EMAIL
MAILING ADDRESS				
			POSTAL CODE	TELEPHONE
PERMANENT ADDRESS, IF DIFFERENT FROM MAILING ADDRESS				
			POSTAL CODE	TELEPHONE
ABORIGINAL COMMUNITY (BAND, SETTLEMENT) – PLEASE INCLUDE WITH APPLICATION PROOF OF MEMBERSHIP				

**PROGRAM OF STUDY**

Educational Institution in which you are enrolled, or have applied to.

NAME AND ADDRESS			STUDENT ID NUMBER
PROGRAM	LENGTH OF PROGRAM	YEAR OF PROGRAM	EXPECTED GRADUATION DATE

On a separate page, please discuss what you hope to achieve from your program of study and your future career aspirations.

Educational History – Please list all secondary and post-secondary institutions you have attended, beginning with the most recent.  
*Please attach Grade Transcript(s) and/or Proof of Enrollment.*

NAME	PROGRAM	YEARS ATTENDED	DIPLOMA, CERTIFICATE OR DEGREE ATTAINED

**COMMUNITY INVOLVEMENT**

Please list any community activities you have been involved in and your role in these activities.

ACTIVITY	ROLE	TIME PERIOD

**COMMUNITY INVOLVEMENT**

Select one of the community activities you identified. On separate page, discuss your involvement in this activity and what you gained from this experience.

**LETTERS OF RECOMMENDATION**

Please submit two letters of recommendation from references who can speak to your community and academic achievement. Please include in what capacity the reference has known you.

**NOTE:** Please ensure your information is accurate and up-to-date. If you are an Award recipient you will first be notified by e-mail. At that time, Alliance Pipeline may also require confirmation of the information you have supplied, as well as other personal information including your date of birth and social insurance number (SIN) for Award processing purposes.

**OTHER COMMENTS**

Please add any other comments you would like to make regarding your application for this Award. Attach a separate page if required.

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**DECLARATION**

I hereby certify that the information contained in this application is true and complete, and I have reviewed and understand the Alliance Pipeline Aboriginal Student Awards Program pamphlet.

**PRIVACY NOTICE AND CONSENT:**  
"Personal information" refers to information that specifically identifies you as an individual. It includes, for example, your name, address, telephone number, age, gender, education, memberships and affiliations, and identification numbers including your social insurance number (SIN). Alliance Pipeline collects, uses, and discloses your Personal Information for the purpose of determining your eligibility for an Aboriginal Student Award, and if you are chosen, for administering that Award (the "Purpose"). By submitting this form to Alliance Pipeline, you consent to Alliance's collection, use and disclosure of your Personal Information solely for such Purpose.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Alliance Pipeline Ltd. may use newspapers, posters or other media to promote this program. May we use your name or photograph for this purpose?

Name:  Yes  No      Photograph:  Yes  No

Complete application and attach additional documentation. Mail to:

**Stakeholder Consultation and  
Engagement Coordinator  
Alliance Pipeline Ltd.  
Suite 800, 605 - 5 Ave. SW  
Calgary, Alberta T2P 3H5**



For further information e-mail to [awards@alliancepipeline.com](mailto:awards@alliancepipeline.com), or visit our website at [www.alliancepipeline.com](http://www.alliancepipeline.com)