



# Indigenous Student Awards Program Application

200, 425 - 1 Street SW Calgary, Alberta Canada T2P 3L8 | 1-403-231-3900 | fuelingfutures@enbridge.com

NEW APPLICATION

RENEWAL APPLICATION

**Type of application** Mark off all that apply

<input type="checkbox"/> CERTIFICATION	<input type="checkbox"/> TRADE PROGRAM	<input type="checkbox"/> DIPLOMA	<input type="checkbox"/> DEGREE	<input type="checkbox"/> MASTER'S PROGRAM	<input type="checkbox"/> CONTINUING ED
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**Type of application** Please print

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

**Program of study**

<b>Educational Institution in which you are enrolled, or have applied to.</b>			
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.


## Declaration

I hereby certify that the information contained in this application is true and complete, and I have reviewed and understand the Alliance Pipeline Indigenous 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 Indigenous 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:

**Corporate Citizenship  
Alliance Pipeline Ltd.  
c/o Enbridge  
200, 425 - 1 Street SW  
Calgary, Alberta T2P 3L8**



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