

Nunatsiavut Government – EDUCATION DIVISION

P.O. Box 116 Makkovik, NL AOP 1JO Email: education@nunatsiavut.com Website: www.Nunatsiavut.com

Telephone: (709) 923-2105 Toll Free: 1-877-923-2171 Fax: (709) 923-2347



Scholarship Application

Name:		
Home Address:	Phone #: Email:	
Institution:		
Program:		
Academic Year:	Year of Study:	
Scholarship that you are applying for and your acade	emic average (numerical grade) over two semesters:	
☐ Academic Achievement – Preparatory	Average Grade:	
☐ Academic Achievement – College/Trade/Certifica	te/Diploma Average Grade:	
\square Academic Achievement – Undergraduate Degree	Average Grade:	
☐ Academic Achievement – Masters/Doctoral Degre	ee Average Grade:	
☐ Nunatsiavut Government Specified Program	Average Grade:	
☐ Special Performance Award	Average Grade:	
For Special Performance Award ONLY Please indicate reasons why you should be considered include barriers that you have overcome, successes etc. (Please use additional paper if required).	•	

			
For office use only			
For office use only:			
Approved: ☐ Yes ☐ No	Amount Annroyed:		
Approved by:			Date:
Notes:			
			Date
Entered by:		_	Date:
- II AII	= ICETC /= CDE = EI\	-IDCE	
Funding Allocation: ☐ PSSSP			