





John Hickes Business Scholarship Package

Atuqtuarvik Corporation

Established July 2018

The Atuqtuarvik Corporation John Hickes Business Scholarship was created in 2018 to honour John Hickes for his leadership as an original and long-serving board member of Atuqtuarvik Corporation. This scholarship also recognizes John's life-long commitment and involvement in business as a business owner and his many contributions in helping to establish a stable and progressive economy in Nunavut. To commemorate John's impact and influence, we are pleased to offer this scholarship to students who are pursuing a post-secondary education in the field of business.

SCHOLARSHIP

The Atuqtuarvik Corporation John Hickes Business Scholarship selection committee will award one (1) \$5,000 scholarship to a student in the business stream of post-secondary education each year.

ELIGIBILITY CRITERIA

- 1. The applicant must be an Inuk under the Nunavut Agreement.
- **2.** The applicant must be enrolled in a post-secondary institution in the field of business or in a program relating to the advancement of Inuit.
- **3.** An applicant can be awarded the scholarship only one time.
- **4.** A completed application form must be received by the deadline date.

APPLICATON CHECKLIST

- 1. Completed application form.
- **2.** A 500-word essay explaining why you're pursuing your current choice of studies and what career path you hope to pursue following completion of studies.
- 3. Proof of enrollment in full-time studies.

SUBMITTING YOUR APPLICATION

Please send your application by e-mail, mail or fax to:

Atuqtuarvik Corporation Scholarship Committee 102-61 Tupirvik Avenue P.O Box 900 Rankin Inlet, NU XOC 0G0

Toll Free: 1-888-645-5901

Tel: 867-645-5900

Email: mpizzo-lyall@atuqtuarvik.com

The deadline for scholarship applications is August 24, 2017 at 5:00PM CST.



PERSONAL INFORMATION:							
Full Name:							
Permanent Address:							
Temporary Address (School):						
Which address should we us	se to con	tact you	u?				
☐ Permanent address or ☐	Tempor	ary (scl	hool) add	ress	5		
Telephone:				Cell Phone:			
E-mail:							
Date of Birth:							
EDUCATION:							
SCHOOL	PROGRAM		AM	START DATE A			CERTIFICATE/ DIPLOMA/DEGREE
FINANCIAL NEED				•			
Marital Statu	us: Si	ingle	☐ Marri	ed	☐ Common-l	aw 🗌 Sepa	arated/Divorced
Number of Dependent	ts:						
		Student Funding (ex: FANS)					/month
Sources of Incom	ne:		Emp	oloy	ment Income:		/month
Sources of medine.			Inco	me	from Savings:		/semester
			Ot	ther	Scholarships:		/semester



	Other Sources of Income:					
Annual Expenses	Tuition & Fees	/semester				
	Books & Supplies:	/semester				
	Rent:	/month				
	Transportation	/month				
	Daycare (If applicable):	/month				
	Other Expenses:					
APPLICANT STATEMENT: I hereby certify that the information contained in this application is true and correct to the best of my knowledge. I understand that the information contained in this application will be made available to the selection committee and may be used by Atuqtuarvik Corporation for the purpose of compiling and publishing statistics. Information that personally identifies me will not be released. I understand that if I am chosen as a scholarship recipient, my photo may be taken and used in association with promoting the scholarship program.						

Date



Signature of Applicant