

Appendix A

DAF (Designated Amount Fund) Application Form (Individual)

Dear Student,

Thank you for your interest in applying for the IEF's Designated Amount Fund. To enable the processing of your application, please complete the information below. Ensure **all** the required information has been provided. The deadline is **Friday, July 13, 2018.**

Should you need assistance with any of the questions, please do not hesitate to contact Beverly Lennie at 867-777-7082 or email: blennie@inuvialuit.com. An IEF representative will be happy to assist you through the process.

Any previously funded student will not be considered if they have not met all their reporting obligations. Students eligible and funded by IEF cannot duplicate funding sources.

Ensure that your application clearly describes how your education clearly would deliver meaningful outcomes in one or more of the DAF priority areas.

Funding Eligibility Checklist—you must meet all these criteria to be eligible to apply

- Inuvialuit beneficiary
- Letter of acceptance from Post Secondary Institution
- Full-time student in Certificate/Diploma or Degree program
- Apply before July 15.

STUDENT INFORMATION

Name of Student:	
Street Address:	Mailing Address:
Telephone:	
Email:	

PROJECT INFORMATION

Name of Post-Secondary Institution:
List of funding partners (if any):
Brief Educational Summary: (25 words or less)

Funding request: (maximum \$ 250.00 paid monthly)

LIST OF REQUIRED DOCUMENTS (Please make sure that they are attached):

- Current post secondary funding Post-Secondary Acceptance

Name of Student: _____
Signature: _____
Date: _____

Required Information

- Completed Application Form Post-Secondary Institution acceptance letter



If a bursary is awarded, you will be required to provide a written or verbal report about the success of your project which IEF DAF can make report (along with photos of you and photo releases).

BUDGET: (Please include contributions from other partners or any in-kind support valued at the actual cost)

STUDENT REVENUE	STUDENT EXPENSES
TOTAL REVENUE: \$	TOTAL EXPENSES: \$
NET PROFIT/LOSS: \$	

AUTHORIZATION:

Prior to signing, please ensure that you have:

- Completed the application form for this project;
- Committed to providing IEF DAF with a verbal or written report of the project’s progress or success within 6 months of receiving any funding.

Failure to include any of the above will affect the outcome of the application review.

Name of Student: _____

I certify that to the best of my knowledge, the information provided in this application is accurate and complete and that this funding request is endorsed by the organization I represent.

Signature: _____ Date: _____

Please send the completed application form plus all required documentation to info@inuvialuit.com

