

## HEALTH & SOCIAL SERVICES BURSARY Verification of Indigenous Status

### Applicant Information

_____		_____	
First Name		Middle Name(s)	
_____		_____	
Last Name		Previous Last Name(s)	
_____			
Mailing Address			
_____	_____	_____	_____
Community	Territory / Province	Postal Code	
_____	_____	_____	_____
Cell / Phone Number	Email Address	Birth Date	

### To be completed by Indigenous Organization

I, \_\_\_\_\_ of \_\_\_\_\_  
 Name of Authorized Person Indigenous Organization

have examined the genealogy of the above individual and understand I may be required to provide backup documentation to confirm the following to be true (please check one of the following options).  
**The above individual is an Aboriginal, Indigenous to the Northwest Territories, and meets one of the following conditions:**

- A member of, or eligible to become a member of, a Dene Band;
- A person who, on or before December 31, 1921, resided in that part of Canada that on April 1, 1999, comprised the NWT and who is of direct Aboriginal descent;
- A person who is enrolled or eligible to be enrolled on the Nunavut Inuit Enrollment list as amended, and was ordinarily resident on March 31, 1999, in that part of Canada that on April 1, 1999, comprised of the NWT and has continued to reside in the NWT;
- A person who is enrolled or eligible to be enrolled as a Tłı̨cho citizen under Chapter 3 of the Land Claims and Self-Government Agreement amount the Tłı̨cho Government of the NWT and the Government of Canada signed on August 25, 2003.
- A person who is enrolled or eligible to be enrolled as a Déline citizen under Chapter 5 of the Déline Agreement as defined in section 2 of the Déline Final Self-Government Agreement Act (Canada).
- A descendent of a person described above.

This verification form is used to confirm a student's eligibility.

_____	Title
	Address
	Telephone
	Email
Signature	Date

Please submit application form to [NWTHSS\\_Bursary@gov.nt.ca](mailto:NWTHSS_Bursary@gov.nt.ca).



The information in this form is being collected in support of your application to the HSS Bursary Program. It is protected by the privacy provisions of the Access to Information and Protection of Privacy Act (ATIPP). If you have any questions about collection or use of the information, please contact the Manager, Talent Acquisition at (867) 767-9105 ext. 40183.