



SCHOLARSHIP APPLICATION FORM

Canadian Aboriginal AIDS Network 18th Annual General Meeting & Skills Building Forum June 13th – 17th 2016 Montreal, QC

Schedule at a glance:

Date	Event
Monday, June 13	Travel Date, Registration
Tuesday, June 14	APHA Caucus
Wednesday, June 15	APHA Caucus
Thursday, June 16	Skills Building Workshops
Friday, June 17	Half day Skills Building, AGM, Delegates Travel Out

Please read this before continuing:

Section I: Must be completed by anyone attending. The registration fee will be **\$200.00**. This fee helps cover the costs of meals and meeting rooms. Exhibit tables will be available on a first come first serve basis at a rate of \$250.00 per table. Please see exhibition table form.

Section II: The scholarship application form is for anyone needing sponsorship. Aboriginal People Living with HIV/AIDS receive priority.

Section III: This section collects travel information and only needs to be completed if you are seeking CAAN to cover your travel.

Section I: REGISTRATION (To be fully completed by all)

Please print clearly

Name: _____ Job Title: _____

Address: _____ City: _____

Province/Territory: _____ Postal Code: _____

Email: _____

Affiliation: _____
(From which department, community or Aboriginal ancestry)

Phone: (_____) _____ Fax: _____

SCHOLARSHIPS:

_____ Yes, I need a travel scholarship and cannot attend without one

_____ No, I have my travel costs covered

_____ I have included my registration fee with my application

_____ I would like to pay my registration fee on site

_____ I would like to have my registration fee waived

_____ I am affiliated with CAAN

_____ I am affiliated with NNAPF

DEADLINE FOR SCHOLARSHIP APPLICATIONS: April 15th, 2016 (Pacific Standard Time)
Please fax/email completed application to CAAN at Fax: 604-266-7612 or taraf@caan.ca

Section II: SCHOLARSHIP APPLICATION (If needing assistance)

Note: You do not have to share personal information you do not feel comfortable with. This information is used only to help us select delegates from different backgrounds so we hear their voice. You may leave some sections blank if you so choose, but we ask that you fill out all information to the best of your abilities. All information is kept confidential.

Information:

How old are you? Under 24 25 – 34 35 – 44 Over 45

I am an Inuk: Yes No

I am Métis : Yes No

First Nations: Yes No

Other:

Gender: _____
(i.e. Female, Male, Transgendered/Intersexed)

I identify as: _____
(i.e. Heterosexual, 2-Spirit/Gay/Lesbian, Transgendered/Intersexed)

About you...	Yes	No
<i>I am an Aboriginal Person Living with HIV or AIDS</i>		
<i>I am living with HCV and HIV/AIDS</i>		
<i>I will be attending as an individual</i>		
<i>I will be attending for an Organization</i>		
<i>Which Organization (if applicable) _____</i>		

REFERENCE PERSON: _____

Their phone #: (_____) _____ (support letter required)

I authorize _____ to be my official contact and is authorized to access any information regarding my scholarship application.

SECTION III: TRAVEL INFORMATION

City or Town you will travel from: _____

Name as it appears on your identification: _____

Do you have **PHOTO IDENTIFICATION** from a government agency? Yes /No

Valid Care Card #: _____

Which costs do you need covered: (please check all that apply).

Please be advised that CAAN will only be issuing partial scholarships.

___ Air ___ Hotel ___ Bus ___ Meals ___ Train

___ Car: # of kilometers _____ return

How far are you from the airport, bus or train station? _____

Will you have **airport parking costs**? _____

Ground fare? _____

Departure Date: _____ Preferred Time: _____

Return Date: _____ Preferred Time: _____

(CAAN will try to accommodate your request)

I require **CHILDCARE ASSISTANCE**: (please include names and ages of children)

_____ Age _____

_____ Age _____

_____ Age _____

Are you a single parent: _____

Emergency Contact Person: _____

Phone # (____) _____

Please be advised that per diems will not be distributed until arrival of conference.

Do you have any special needs: (please check off any that apply)

	Mobility (Wheelchair)
	Fridge for medications
	French Interpretation (available in some sessions)
	ASL (sign language)
	Dietary/Allergies <i>If yes, please state:</i>
	Travel Companion required <i>Name:</i>
	Other:

Please Note: CAAN will be requiring anyone needing a travel companion to complete a medical travel companion form with either Air Canada or West Jet in order to receive the medical travel companion code. This will ensure that CAAN will only be paying the tax for the medical travel companion's flight. Your Doctor will need to fill in an area of this form as well. Should you require assistance with filling either of these forms in, Carrielynn Lund Family Matters (780) 450-1711 home (780) 478-2999 cell

Air Canada - <http://www.aircanada.com/en/travelinfo/before/documents/fft.pdf>

West Jet - http://www.westjet.com/pdf/travel/OPOF_Form1_en.pdf

Declaration: I declare all the information provided in this application to be true

Signature: _____ **Date:** _____, 2016

Witness

Date

Office use only: Received Application: _____ Notified on: _____

CONFIDENTIAL ONCE COMPLETED