



EMPLOYEE DEPENDENT SCHOLARSHIP APPLICATION FORM

APPLICANT DETAILS			
Last Name		First Name	
Home Phone Number		Cell Phone Number	
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married	Date of Birth	
Mailing Address			
Name of DDEC Employee		Relation to Employee	

IMPACT BENEFIT AGREEMENT REPORTING			
For statistical records, please indicate if you are a benefactor of :			
Tlicho Government	<input type="checkbox"/>	Inuit - Kugluktuk	<input type="checkbox"/>
Akaiicho Treaty 8	<input type="checkbox"/>	Metis – North Slave	<input type="checkbox"/>

PROPOSED COURSE OF STUDY (Supporting documentation must be attached: i.e. proof of enrolment)	
If you have previously received a dependent scholarship from DDEC (or from BHP Billiton Canada, Inc.) please include copy of your official transcript/s.	
Course Title	
Program of Study	
Education Institution Name	
<input type="checkbox"/> University <input type="checkbox"/> Technical (Trade) <input type="checkbox"/> Other	
Type of Program (e.g. Masters, Degree, Diploma, Certificate)	

APPLICANT ACKNOWLEDGEMENT	
I certify that all information provided in this application is accurate. I have attached my proof of enrolment and transcripts if required.	
Signature	Date

Please submit completed forms via email to HRServices@DDCorp.ca or fax to 867.6696134.