



14<sup>th</sup> ANNUAL BC ABORIGINAL HIV/AIDS CONFERENCE  
Penticton Trade & Convention Centre  
Penticton, B.C.  
April 12 – 14, 2010

On reserve – partial scholarship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Organization (if applicable)

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Telephone (please include area code)

\_\_\_\_\_  
Fax (please include area code)

\_\_\_\_\_  
E-mail

Band/First Nation  Metis  Inuit (If applicable)

I would like to apply for assistance for: (*One request will be considered*)

Accommodation  registration

(Applicants applying for accommodation will be sharing a with another delegate)

Have you attended any other Healing Our Spirit Conference in the past?  Yes  No

How many conferences have you attended? \_\_\_\_\_

Did you receive a scholarship to attend the conference?

Full

Partial (please indicate below the assistance you received)

Travel

Accommodation

Demographic Information:

Age: \_\_\_\_\_ Gender:  Male  Female  Transgender  2-Spirit

Geographic Area where you reside:  On Reserve

Name of community: \_\_\_\_\_

Will this conference assist in developing your skills, abilities and knowledge around HIV/AIDS in the following:  
Community Family Individuals Friends Loved Ones

My involvement with HIV/AIDS is through:

Nonprofit Organization Aboriginal Community Group

Questions: (please complete this section attach separate sheet if necessary)

- A. Why do you want to attend this conference? (20)
- B. What is your experience with HIV/AIDS or other issues that affect Aboriginal communities? (20)
- C. What do you expect to gain or learn by attending this conference? (25)
- D. How do you plan to share what you learned from the conference with your community/organization.

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The information you provide on this application form is considered confidential and will only be shared with the Scholarship Committee for the purpose of reviewing and selecting scholarship recipients.

Please be advised that scholarship applications from other provinces outside of British Columbia or outside Canada will not be considered.

**The deadline for scholarship applications is March 1<sup>st</sup>**

Applicants will be notified of their acceptance **by March 12<sup>th</sup>**

*The total number of scholarships is limited and applicants are encouraged to seek funding from other sources.*

Please submit all completed application forms to Scholarship Committee, Healing Our Spirit, 100 – 2425 Quebec Street, Vancouver, BC V5T 4L6. Or by fax number is 604.879.9926

***Scholarship application checklist:***

- I have included the required information.
- I understand that I will be sharing a room with another conference delegate.
- I do not want to share room with another delegate I am willing to pay half the cost of room.
- Should my scholarship application for accommodation be granted I would like to share a room with \_\_\_\_\_

***All applicants are required to sign the following declaration.***

I hereby undertake to advise Healing Our Spirit B.C. Aboriginal HIV/AIDS Society immediately if I am awarded sponsorship from other sources, which duplicates any of the support I have requested in this form. I understand that failure to do so will result in cancellation of any support awarded to me by the Scholarship Committee.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

*Scholarship applications will not be accepted after deadline.*