Division of Continuing Studies PO Box 1700 STN CSC Victoria British Columbia V8W 2Y2 Canada continuingstudies.uvic.ca

BC Energy Regulator Indigenous Award in Restoration of Natural Systems

Application Form

Personal Information		
First name:	Last name:	
UVic student number:	Email:	
Address:		
Program Information		
Current program:	Year started:	
Number of courses taken:	If none, are you accepted into the program? Yes $\;\square\;$ No $\;\square\;$	
How many courses are you registered in f	for the upcoming term?	
Course dates:		
Professional Goals		
Explain how you will use the tuition bursa	ary to further your goals:	
Indigenous Identity		
,		
Can you confirm your Indigenous identity	/: 	
Declaration		
I hereby confirm that I am a student in the	e RNS Diploma or Certificate program at the University of Victoria.	
I hereby apply for the BC Energy Regulator	r Indigenous Award in Restoration of Natural Systems Bursary and certify that the in	nformation given in this
application is true and complete.		
Signature of applicants	Data	

