



4th Annual Aboriginal HIV/AIDS & HCV Conference
“The Journey of an Honorable Warrior
Reclaiming the Spirit of the Heart”
November 3rd & 4th, 2010
Saskatoon Inn Hotel & Conference Centre
2002 Airport Drive Saskatoon, SK
Ph: (306) 242-1440 Toll free: 1-800-667-8789

SCHOLARSHIP APPLICATION FORM

(Please print clearly)

Name _____

Supporting Organization _____

(A letter of support is required for all applicants; a travel letter may be issued to this organization)

Address _____

City _____ Province _____ Postal Code _____

Telephone _____ FAX _____

E-mail _____

HIV Status (Optional)

- Positive
- Negative
- Not Known

Age (Optional)

- Under 24 (Youth)
- 25 to 34
- 35 to 44
- Over 45

Gender

- Male
- Female
- Trans-gendered

A) Type of Scholarship:

Please indicate type of scholarship required, check all that apply:

- 2 day conference registration
- Travel

Will you be traveling with a group of people from your community? If so, please list group and members.

- Meal Allowance
- Childcare
- Accommodations

You will be required to share accommodations with another scholarship recipient, please specify if there is someone you would like to stay with that has applied for scholarship.

B) Questionnaire (all questions must be answered)

1) Please state the ways you intend to share the knowledge gained at the conference with your community?

2) How many years have you worked/volunteered/lived with HIV/AIDS or HCV?

3) What have you done to reduce the costs for your travel, accommodations and meals to attend the conference?

4) On a separate piece of paper, please state in 150 words or less, why you want to attend the conference and what contribution you believe you can make?

Please sign the following declaration:

I hereby declare all of the information provided in this application to be true. I also declare that in the event that I should be successful in obtaining funding from other sources, I will contact ANHAN immediately and understand that my scholarship will be canceled and given to another applicant.

Signature: _____ Date: _____

**The deadline for scholarship application September 20, 2010,
there will be no exceptions.**

Successful applicants will be notified by September 30, 2010.

Please fax or mail this completed form with your completed registration form to:

All Nations Hope AIDS Network
2735 5th Avenue
Regina, SK. S4T 0L2
FAX (306) 525-3698

It is recommended that all conference participants have their own travel and health insurance, as ANHAN cannot accept liability for any medical needs or emergencies that may occur during the conference.

*****Please note: All Nations Hope AIDS Network will pay for room and taxes only and will not be responsible for any other charges incurred during your stay at the hotel.*****