

CAAN 5th Annual General Meeting & Gathering

“Celebrating our Accomplishments”
USING OUR PAST GUIDE OUR FUTURE

SCHOLARSHIP APPLICATION FORM

October 16, 17, 18, 2003
Morley, Alberta

(Please Print)

Name: _____

Aboriginal AIDS Organization or
Community Affiliation: _____

(Letter of Support required is required for all scholarship applicants)

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: () _____ Fax: () _____

E-mail: _____

<p>Status:</p> <p><input type="radio"/> First Nations (Status)</p> <p><input type="radio"/> First Nations (Non-Status)</p> <p><input type="radio"/> Métis</p> <p><input type="radio"/> Inuit</p>	<p>Age:</p> <p><i>(optional)</i></p> <p><input type="radio"/> Under 24 (Youth)</p> <p><input type="radio"/> 25 to 34</p> <p><input type="radio"/> 35 to 44</p> <p><input type="radio"/> Over 45</p>
<p>HIV Status:</p> <p><i>(optional)</i></p> <p><input type="radio"/> Positive</p> <p><input type="radio"/> Negative</p> <p><input type="radio"/> Not known</p>	<p>Gender:</p> <p><input type="radio"/> Female</p> <p><input type="radio"/> Male</p> <p><input type="radio"/> Trans-gendered</p>

Sexual Orientation

(optional)

- Gay
- Lesbian
- Bi-sexual
- Heterosexual/straight
- Two-Spirit
- Other _____

A) Type of Scholarship:

Please indicate the level of scholarship required:

PARTIAL SCHOLARSHIP

- Travel Only
- Meal Allowance and Travel Only
- Accommodation and Travel Only
- Accommodation and Meal Allowance Only

FULL SCHOLARSHIP

- Meal Allowance, Travel and Accommodation

B) Special Needs:

Please identify any special needs:

- Dietary
- Mobility
- Health
- Childcare allowance
- Sign language
- Other _____

C) Rooms: *(Please fill in only if you are applying for a scholarship which includes accommodations)*

Due to space limitation all scholarship recipients will be required to share a room.

Who would you prefer to share a room with:

- Male
- Female
- Non/smoker

D) Questionnaire (all questions must be answered)

1. Please state the ways you intend to share the knowledge gained at the Annual General Meeting with your community?

2. How many years have you been involved in HIV/AIDS?

Paid worker _____

Volunteer _____

Family member _____

3. What have you done to reduce both your travel and accommodation costs to attend this event?

4. On a separate sheet of paper, please state in 150 words or less, why you want to attend the Annual General Meeting and what contribution you believe you can make?

E) 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 CAAN immediately and I understand that my scholarship may be reduced or given to another applicant .

Signature _____ Date _____

**The deadline for scholarship application is
Friday August 29, 2002 4:00pm EST**

Successful applicants will be notified by Monday Sept 15, 2003

Travel and Conference information will follow.

**Please fax/email this completed form with your completed registration form to
CAAN at (613)-567-4652 or info@caan.ca**

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