



## KNOWLEDGE MAKERS APPLICATION

First Name:		Last Name:	
Degree/Program:		Date of Birth:	
University ID Number:			
Phone Number:			
Email:			
Indigenous Affiliations:			

<b>I am available for all the workshops and understand that attendance and participation in the workshops are mandatory in order to receive my student grant:</b>			
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

### **Please attach – (as separate word document(s))**

1. Your Academic transcript
2. A 500 word statement that addresses your:
  - a. Identification with your indigenous community, including if appropriate, knowledge of language, participation in community activities and other ways which you are involved or identify with your community;
  - b. Interest in pursuing research

**Please send the completed applications to  
sepatterson@tru.ca**