

LUCIEN UKALIANNUK AWARD
Application Form – June 2014

Date	
Full Name	
Permanent Residency Address	
If Not a NLC Beneficiary, Name and Contact of 2 References	<p>Contact Information:</p> <p>1. Name: _____</p> <p>Work Phone #: _____</p> <p>Home Phone #: _____</p> <p>Email address: _____</p> <p>2. Name: _____</p> <p>Work Phone #: _____</p> <p>Home Phone #: _____</p> <p>Email address: _____</p> <p>Note: Attach 2 Letters of Reference to Application</p>
NLCA Beneficiary	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Aboriginal Identity	Yes <input type="checkbox"/> No <input type="checkbox"/> Specify Aboriginal Group: _____
Date of Birth	
Social Insurance Number for tax purposes	
Bank Information for Deposit	<p>Bank name: _____ Branch #: _____</p> <p>Transit #: _____ Account #: _____</p>

	Contact Information
Mailing Address If Different Than Permanent Residency	
Telephone Number	
Email Address	

Anticipated Income and Expenses

	Annual Gross Income	Monthly Gross Income
Employment	\$	\$
Employee Education Assistance Programs	\$	\$
Government Subsidy	\$	\$
Other Scholarships	\$	\$
Sponsorship	\$	\$
Bursaries	\$	\$
Grants	\$	\$
Other Income	\$	\$
Total	\$	\$

	Annual Expenses	Monthly Expenses
Tuition	\$	\$
University Fees		\$
Other University Fees	\$	\$
Books	\$	\$
Supplies (incl. computer)	\$	\$
Accommodation/Rent	\$	\$
Utilities	\$	\$
Clothing	\$	\$
Ground Transportation	\$	\$
Telephone	\$	\$
Food	\$	\$
Air Transportation	\$	\$
Other Reasonable Living Expense (Specify)	\$	\$
Total	\$	\$

Note: Fill out either annual or monthly income and expenses appropriate to your circumstances

Education Program

Studies in Law		
Preparatory Courses <input type="checkbox"/>	Undergraduate Degree <input type="checkbox"/>	LL.B. / JD <input type="checkbox"/>
Master's Degree or Ph.D <input type="checkbox"/>		
Particulars of the Program		
Name of University/Institution		
Course Description		
Number of Years/months in Program to date		
Duration of Program		
Expected End Date		

Articling or Licensing/Bar Examinations	
Articling Employer	
Articling Principal/Mentor	
Duration of Articling Term	
Rate of Pay	

Province or Territory of Licensing/Bar Examinations	
Number of Weeks for Preparatory Work/Study	
Cost of Bar Examination(s)	\$

Additional Notes
Click here to enter text.

Post-secondary course/program in justice related studies	
University <input type="checkbox"/> College <input type="checkbox"/>	
Field of Study	
Course Description	
Number of Years/Months in Program to date	
Duration of Program	
Expected End Date/Term	

Additional Notes

Click here to enter text.

Acknowledgment of Terms

I, _____, of _____ in the Territory/Province of _____, hereby acknowledge the Terms and Conditions of the Lucien Ukaliannuk Award for Studies in Law or Law Related Studies;

I understand that the Application requires Proof of Attendance in order for me to receive the Award. As such, I am providing _____ as Proof of Acceptance/ Attendance, along with my Application;

For Non-NLCA Beneficiaries Only: I understand that I must be genuinely committed to or be connected to Nunavut if I am a non-NLCA Beneficiary applying for the Award and as such I attach two letters of references indicating my commitment to or connection to Nunavut;

I understand that the Award is for the benefit of my education and that if I do not complete the program without a reasonable justification, I must return the Award in full or in portions after I have notified the Nunavut Law Foundation in writing;

I understand that if I fail to do so the Nunavut Law Foundation may take steps, which include using legal remedies, to ensure the return of the Award in full or in portions, plus legal fees; I understand the Award is considered as income for tax purposes and is subject to territorial/provincial and federal tax and as such I consent to having my Social Insurance Number forwarded to the Nunavut Law Foundation's Auditor/Bookkeeping Service Provider for issuance of tax slips;

I understand my name and photograph may be used for publication purposes by the Nunavut Law Foundation but no other personal information shall be publicized.

Date: _____

In the _____ of _____,
_____ (Province/Territory)

Witness: _____ Applicant: _____

Signature: _____ Signature: _____