



# Ontario Aboriginal Housing Services

## *The Don McBain Memorial Award - Application form*

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*Please print and sign this form then submit along with your supporting documents.*

### **1. Contact information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

High School: \_\_\_\_\_

Birth date: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Check this box acknowledging that you self-identify as an Indigenous person

### **2. Post-Secondary information**

Post-Secondary Institution name: \_\_\_\_\_

\*Please attach a copy of the acceptance letter from your post-secondary institution with your application

Department or Faculty Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Length of Program: \_\_\_\_\_

Type of Degree or Certificate to be earned upon completion: \_\_\_\_\_

Year(s) of Study: \_\_\_\_\_

### **3. Feedback information**

How did you hear about the Don McBain Memorial Award?

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