

# Indigenous Studies Program Summer School



Application for Financial Aid  
ISP Summer School  
July 8 – 19, 2024

All scholarship applications must be received by **May 8<sup>th</sup>, 2024**.

All bursary applicants should already be registered for ISP Summer School. The information gathered here is for scholarship purposes only, this is not a registration form. **All awards go toward the student's tuition charges only.**

If you are denied financial aid, you are responsible for paying for your fee(s) and tuition in full. The \$40 non-refundable registration fee is the responsibility of the student and is not covered by ISP financial aid.

Priority will be given to Indigenous applicants. **Send completed application to [isp@vst.edu](mailto:isp@vst.edu)**

## **PLEASE PRINT CLEARLY AND FILL IN ALL REQUIRED SPACES**

1) Name: \_\_\_\_\_

2) Title (circle one): Ms. / Mrs. / Miss / Mr. / Mx. / Dr. / Rev. / Rt. Rev.

3) Address: \_\_\_\_\_

4) City: \_\_\_\_\_ Prov./State: \_\_\_\_\_

5) Postal / Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

6) E-mail address: \_\_\_\_\_

7) Tribal Affiliation (if applicable): \_\_\_\_\_

8) Denomination \_\_\_\_\_

9) Social Insurance Number/Social Security Number: \_\_\_\_\_

10) **ISP Summer School Courses.** *(Please check all applicable courses)*

Week One Morning: July 8 - 12

\_\_\_\_\_ 21 Century Theology: Modern, Post-Modern, and Indigenous

\_\_\_\_\_ Indigenous Christian Urban Faith Communities

Week One Afternoon: July 8 – 12

\_\_\_\_\_ My Cup Overflows: Practical Wellness Strategies for Ministry

Week Two Morning: July 15 - 19

\_\_\_\_\_ Encountering Jesus in the Gospel of John

\_\_\_\_\_ Exploring Indigenous Perspectives in Church Leadership: A Māori Lens

Week Two Afternoon: July 15 – 19

\_\_\_\_\_ Story and Storytelling: Healing Medicine for Mind, Body, and Spirit

11) **Estimated Expenses** *(Please fill in all required spaces)*

Fees \_\_\_\_\_

Tuition (\$ course x number of courses) \_\_\_\_\_

Meals \_\_\_\_\_

Accommodation \_\_\_\_\_

Travel \_\_\_\_\_

Textbooks \_\_\_\_\_

Total Estimated Expenses \_\_\_\_\_

Scholarship Amount Requested \_\_\_\_\_

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

<i>This space is reserved for ISP office use only</i>	
Amount Approved: _____	Account # _____