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Building Nunavut Together  
Nunavut iuqatigiingniq  
Bâtir le Nunavut ensemble

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Department of Health  
Munahiliqiyitkut  
Ministère de la Santé

# Savanna Pikuyak Scholarship application

## Information Form

Personal Information:	
First Name:	Last Name:
Date of Birth:	Student ID number (if available):
Permanent Address:	
Temporary Address (School):	
Phone number:	Email:
Nunavut Agreement Enrolment Number:	

## Application Checklist

Please ensure all the below elements are included in your application and submit via email to Joanne Idlout, Director Human Resources, Department of Health at [Jldout1@gov.nu.ca](mailto:Jldout1@gov.nu.ca).

- Information Form
- 500-word essay
- Proof of enrolment under the Nunavut Agreement (NTI Card)

## Declaration:

I hereby certify that the information provided in this application true, accurate and my original work to the best of my knowledge and belief.

By submission of this application, I give the Department of Health permission to publish my name and essay in whole or in part in any publications and website.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date