

# First Nations Director Scholarship 2025

## Organisation Support Form

<b>Applicant Name:</b>	
<b>Supporting Organisation Name:</b>	
<b>Supporting Organisation ABN:</b>	
<b>Signatory Name and Job Title:</b>	
<b>Signatory Direct Phone Number:</b>	
<b>Signatory Direct Email:</b>	

By completing this form, you confirm your agreement to being contacted by the AICD Scholarships & Grants Team by phone or email to confirm your support of the Applicant.

The information provided in this form should outline:

- The Applicant has potential and interest in becoming a Board director within First Nation or non-Indigenous community led organisations
- The Applicant is dedicated to succeeding at the Foundations of Directorship™ program or the Company Directors Course™, or Observership placements, including all preparation, commitments and deadlines associated with the program.
- The Applicant intends to use the learnings from the scholarship program within their community.
- The expected benefit to your organisation and/or community if the Applicant is successful.

**1. Describe your organisation. Please include location, industry, and number of employees.**

**2. Is your organisation an Aboriginal Controlled Community Organisation?**

Yes

No

**3. Outline your reasons for supporting the Applicant. Please share your thoughts on the expected benefits to your organisation and/or community if this application is successful.**

**4. Please confirm your agreement to supporting the Applicant's full participation in the program and to assist with funding their transport costs to attend the course delivery in person, if required:**

Yes

No

By completing this form you confirm your support of the above Applicant to be considered for the First Nations Director Scholarship Program in 2025.

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_