



GRANT APPLICATION

Pg 1 of 2

LANGUAGE AND CULTURE

Please ensure to complete the application in full (**Incomplete applications will not be considered**)

Applicant Information

First Name: _____ **Last Name:** _____

Beneficiary Name (if different from the applicant): _____

Street Address: _____ **Apartment Number:** _____

City: _____ **Province:** _____ **Postal Code:** _____

Phone Number: _____ **Email:** _____

Status Card Number: _____

Describe your Request

Anishinaabemowin Teg Annual Language Conference

Applicant Information	Cost	YES	NO	N/A
Elder Registration	\$250.00			
Adult Registration	\$300.00			
Youth Registration (6-17 yrs)	\$125.00			
Student Registration	\$250.00			
Incidental Honorarium	\$200.00			
Personal Contribution (if any)				\$
Requested from Atikameksheng Trust				\$

Other Language and Culture Requests

Description of Request	YES	NO	N/A	Cost
Registration Fees				\$
Membership Fees				\$
User Fees				\$
Other (Please Specify)				\$
Personal Contribution (if any)				\$
Requested from Atikameksheng Trust				\$

30-1 Reserve Road. Naughton, ON. P0M 2M0 - located on Atikameksheng Anishnawbek First Nations

T - 705-692-2235 F - 705-692-7225 TF - 1-877-221-9588 E - atiktrust@vianet.ca



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Applicant eligibility			
	YES	NO	N/A
Is the Beneficiary a member of the Atikameksheng Anishnawbek?			
Copy of Indian Status Card provided?			
Copy of receipts provided?			
Are Fees/Costs to be paid directly to the Provider?			
Confirmation of Registration in a Language and Culture Activity?			

Certification and Authorization to Confirm Personal Information:

I certify that the above information and attachments are true, correct and complete. I am aware that by submitting this application online deems this application signed. I am aware that the information in this application and the attached information will be used to assess grant eligibility. I give permission to the Atikameksheng Trust to access the information from the following organizations to confirm information provided in my application.

_____ **Atikameksheng Anishnawbek**

_____ **Other** (Please specify) _____

Applicant Signature: _____

Date: _____

Witness Signature: _____

Date: _____