



GRANT APPLICATION

Pg 1 of 2

RECREATION AND LEISURE

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: _____

Name of Recreation and/or Leisure Organization or Activity: _____

Describe your request

_____ **Membership** (Please describe): _____

_____ **League Fees** (Please describe): _____

_____ **Recreation Classes** (Please describe): _____

_____ **Other** (Please describe): _____

Fees/Cost of request (Please provide receipt or estimate)

Membership: \$ _____ **League Fees:** \$ _____

Recreation Classes: \$ _____ **Other Fees or Cost:** \$ _____

Personal Contribution: \$ _____

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 provided?			
Other documents provided?			

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 the application signed. I am aware that the information in this application and the attached proposal 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: _____

