



GRANT APPLICATION

Minor Per Capita Distribution Application

Please ensure to complete the application in full.

Applicant Information

Minor First Name: _____ Minor Last Name: _____

Date of Birth: _____ Status Card Number: _____

Name of Parents: _____

Address: _____

Phone Number: _____ Email: _____

Applicant Eligibility

	YES	NO	N/A
Is the minor a member of Atikameksheng Anishnawbek?			
Is a copy of the minors Status Card provided?			
Is a copy of a second piece of ID included?			

Certification and Authorization to Confirm Personal Information:

I certify that the above information and attachments are true, correct, and complete. 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

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Atikameksheng Trust

30-1 Reserve Road. Naughton, ON. P0M 2M0

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