



GRANT APPLICATION

One Time Per Capita Distribution Application

Please ensure to complete the application in full.

Applicant Information

First Name: _____ Last Name: _____

Date of Birth: _____ Band Registration Number: _____

Address: _____

Phone Number: _____ Email: _____

Applicant Eligibility

	YES	NO	N/A
Is the applicant a member of Atikameksheng Anishnawbek?			
Is a copy of Band Registration included?			
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 certify by making this application that I have not already received a \$2000.00 per capita distribution from the Atikameksheng Trust. 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

Beneficiary Signature: _____ Date: _____

Witness Signature: _____ Date: _____