

RECREATION & LEISURE GRANT

APPLICANT IN	FORMATI	ON Please ensure	e to complete application in full, inco	omplete applications might not be considered.
Full Name: (First, Middle, Last Name) Beneficiary Name: (if different from the applicant)				
Complete Address: (Street, City, Province, Postal Code)				
Phone Number:		E	-Mail:	
Band Registration Number	r:			
Date of Birth:		Mar	rital Status Single	Married Seperated Others
Occupation:		Are	You A Retiree ? Yes	No
Name of Recreation and/o Organization or Activity: Please provide a description	or Leisure			below:
EXPECTED COSTS Complete (1) through (4) in dollar amounts.				
Expected Costs (1):			Personal Contributions (2):	
Other Contributions (3):			Total Requested (4):	
SUPPORTING	DOCUME	NTS, CHE	CKLIST, AND AUT	THORIZATIONS
Copies of Receipts or Invoices included. Yes No Flyer, Pamphlet, Brochure of the activity, membership, or league included. Yes No			Pleasure ensure that included with your gr	supporting documents are rant application.
Fees to be paid to the Service	Provider.	Yes No	Required Documen	ts include: Band
Copies of Band Registration IE: Status Card Yes No Included.			Registration document/s, receipts or invoices. Incomplete applications may not be considered.	
Confirmation of Registration provided.	or Enrollment	Yes No		
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 attached supporting documents 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:			More Information:
Applicant Signature	Witr		ness Signature	+1 877 221 9588 (Toll Free) +1 705 692 2235 (Office)
Annii ang t Data		187**	moss Date	+1 705 692 7225 (Fax) www.atiktrust.ca
Applicant Date		Wit	ness Date	atiktrust@vianet.ca

OFFICE HOURS: 8:30AM - 4:30PM EST MON-FRI