



APPLICANT INFORMATION Please ensure to complete application in full, incomplete 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:

Date of Birth: **Marital Status:** Single Married Separated Others

Occupation: **Are You A Retiree ?:** Yes No

GRANT REQUEST INFORMATION Please ensure to review traditional culture grant guidelines for request eligibility.

Please provide a description of your request:

Please explain the expected benefit and how it assists in fostering your traditional culture:

EXPECTED COSTS Complete (1) through (4) in dollar amounts.

Expected Costs (1) : **Personal Contributions (2) :**

Other Contributions (3) : **Total Requested (4) :**

SUPPORTING DOCUMENTS, CHECKLIST, AND AUTHORIZATIONS

Copies of Receipts or Invoices included. Yes No

Flyer, Pamphlet, Brochure of the activity, event, or workshop included. Yes No

Fees to be paid to a Service Provider. Yes No

Copies of Band Registration IE: Status Card Included. Yes No

Confirmation of Registration or Enrollment provided. Yes No

Pleasure ensure that supporting documents are included with your grant application.

Required Documents include: Band Registration document/s, receipts or invoices. Incomplete applications may not be considered.

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: _____

Applicant Signature **Witness Signature**

Applicant Date **Witness Date**

More Information :

31 Reserve Rd, Suite 1, Naughton, ON P0M2M0

+1 877 221 9588 (Toll Free)

+1 705 692 2235 (Office)

+1 705 692 7225 (Fax)

www.atiktrust.ca

atiktrust@vianet.ca



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