



Ermineskin Cree Nation - FNDF Adult Application Form

This application is for: Health & Wellness Adult Arts

APPLICANT INFORMATION

Name: _____ Band #: _____

Date of Birth: _____

Age: _____

Address: _____ City: _____ Postal Code: _____

Phone: _____ Email: _____

Residency: Reside on Reserve House # _____ Reside off Reserve

Source of Income: Employed Unemployed Student Self Employed Income

Support

Other Government Program

SPORT or PROGRAM INFORMATION

Sport or Program Organization:

Sport or Program

Name: _____

Address: _____

Program Start Date: _____ Program End

Date: _____

****PLEASE COMPLETE THIS SECTION OR YOUR APPLICATION WILL NOT BE PROCESSED.****

What is the registration cost and event costs?	What costs are you paying?	How much donations did you receive?	How much Fundraising did you raise?
Registration \$	Travel \$	Donations \$	\$
Other Expenses \$	Hotel\$		

Please attach a copy of the following documents to your application:

Sport or Program Information- Confirmation of Registration Receipts

Other _____

By signing below, I confirm that all information in this application is accurate.

Applicant Signature: _____ Date: _____