# Believe Elite Athletic and Artistic Support Program

The Believe Elite Athletic and Artistic Support Program supports youth, ages 15-29, who are elite in their sport/activity and compete at the highest level.

#### Application Requirements

- AGE: Must be a youth that is between the ages of 15-29.
- CITIZENSHIP: Must provide proof of Red River Métis citizenship.
  - Copy of citizenship card or;
  - Citizenship verification from the Central Registry Office
- BIOGRAPHY: Must provide a biography highlighting accomplishments in the activity
- RECEIPTS/INVOICES: Must provide a copy of the receipt or invoice for the activity cost.
  - RECEIPTS: If proof of payment is provided, the applicant will be reimbursed.
  - INVOICES: If payment is outstanding to an organization, the organization will be paid directly.
  - Individuals may apply once per fiscal year.

#### **Application Submission**

- REQUIRED: Submit the completed Application Form to your Regional Youth Program Officer along with:
  - Copy of citizenship card or citizenship verification
  - Copy of receipt(s) or invoice(s)
    - Within MMF fiscal year April 1 March 31
    - Equipment purchases are not eligible for reimbursement
  - Copy of biography highlighting accomplishments
  - OPTIONAL: Picture of youth participating in activity

#### E-mail, Mail, Drop Off or Fax Application Forms to Your MMF <u>Regional Office Listed Below</u>

Winnipeg Métis Association Inc. 406 McGregor St Winnipeg, MB R2W 4X5 Phone: 204-586-5716 Fax: 204-582-2711 E-Mail: wpgmmfyouth@mmf.mb.ca

Interlake Métis Association Inc. P.O Box 390 Lot 28 St. Laurent Drive St. Laurent, MB ROC 2S0 Phone: 204-646-2706 Fax: 204-646-4171 E-Mail: intmmfyouth@mmf.mb.ca

Northwest Métis Council Inc. 422 Main St. S Dauphin, MB R7N 1K9 Phone: 204-638-9485 Fax: 204-638-3878 E-mail: nwmmfyouth@mmf.mb.ca

#### Southeast Regional Métis Corp.

P.O. Box 13 55 Parkview Avenue Grand Marais, MB R0E 0T0 Phone: 204-754-2721 Fax: 204-754-2687 E-mail: <u>semmfyouth@mmf.mb.ca</u>

Southwest Regional Office Inc. 656-6th Street Brandon, MB R7A 3P1 Phone: 204-725-7520 Fax: 204-728-9085 E-Mail: swmmfyouth@mmf.mb.ca

#### The Pas Region Inc.

P.O. Box 2467 456 Fischer Avenue The Pas, MB R9A 1M2 Phone: 204-623-5701 Fax: 204-623-2825 E-Mail: tpmmfyouth@mmf.mb.ca

Thompson Regional Office 171 Cree Road Thompson, MB R8N 1P1 Phone: 204-677-1430 Fax: 204-677-2240 E-mail: thommfyouth@mmf.mb.ca

Infinity Women Secretariat 300-150 Henry Avenue Winnipeg, MB R3B 0J7 Phone: 204-586-8474 Fax: 204-947-1816 E-Mail: iws@mmf.mb.ca



## Métis Sports & Youth

### Believe Elite Athletic and Artistic Support Program

The Manitoba Métis Federation is proud to encourage and support youth excelling in sports, recreation, arts & cultural activities



Believe in yourself, Believe in Métis

## **Believe Athletic and Artistic Support**



## **Application Form**

Youth Applicant Name:			DOB:	///	Age:			
Gender: 🗌 Male 🗆 Female								
Mailing Address:		City/Town:		Postal Cod	le:			
Home Phone:	Cell Phone:	Er	nail:					
Parent/Guardian Name(s):								
Citizenship #:	Region:		Loc	cal:				
□ Or; Letter from the MMF process.	Central Registry Of	ffice confirming	g that an MMF	<sup>-</sup> Citizenship ap	plication is in			
Activity:	Cł	heque Payable	to:					
□ Receipts and/or Invoices								
Purchase of equipment not eligible for reimbursement								
<ul> <li>Receipts/invoices must be within current fiscal year (April 1 to March 31)</li> </ul>								
Biography highlighting accomplishments								
Are you currently receiving support for this activity from any other sources? If so, please check other sources.								
□ KidSport □ Service Club	os 🗌 Recreation (	Drganization	☐ Fundraising	Activities				
Other:								
Start Date of Activity:	Finish Date o	of Activity:	Tot	al Cost: \$				

Has the youth (applicant) previously received funding from the MMF or any other funding source for this activity? □ Yes □ No

If yes, please list the funding received:

I declare that all the information provided in this application is accurate and true.

I grant the Manitoba Metis Federation, its representatives, and employees the right to take photographs/videos of me and my property in connection with the above-identified subject. I authorize the Manitoba Metis Federation, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that the Manitoba Metis Federation may use such photographs/videos of me with or without my name and for any lawful purpose, including examples of such purposes as publicity, illustration, and Web content.

Applicant Signature:	Date:	/		/	
Parent/Guardian Signature:	Date:	мм /_ мм	DD DD	, , , , , , , , , , , , , , , , , , ,	
For MMF use only					
Regional Verification:	Date: _	ММ	/ 	<u></u>	,
MMF Assessment and Recommendation:					
Funding Recommendation: \$					
Intake Verification:	Date:	ММ	/	_/	,