



Application Form

Youth Applicant Name: _____ DOB: ____/____/____ Age: ____
MM DD YYYY

Gender: Male Female Non-Binary

Mailing Address: _____ City/Town: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Parent/Guardian Name(s): _____

Citizenship #: _____ Region: _____ Local: _____

Or; Letter from the MMF Central Registry Office confirming that an MMF Citizenship application is in process.

Activity: _____ Cheque Payable to: _____

Receipts and/or Invoices

- Purchase of equipment not eligible for reimbursement
- Receipts/invoices must be within current fiscal year (April 1 to March 31)

Biography highlighting accomplishments

Are you currently receiving support for this activity from any other sources? If so, please check other sources.

KidSport Service Clubs Recreation Organization Fundraising Activities

Other: _____

Start Date of Activity: _____ Finish Date of Activity: _____ Total 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: / /
MM DD YYYY

Parent/Guardian Signature: _____ Date: / /
MM DD YYYY

For MMF use only

Regional Verification: _____ Date: / /
MM DD YYYY

MMF Assessment and Recommendation:

Funding Recommendation: \$ _____

Intake Verification: _____ Date: / /
MM DD YYYY