

APPLICATION FOR INDIVIDUAL YOUTH SUPPORT

Youth Applicant Name: _____ DOB: / / Age: Gender: Male Female Non-Binary
MM DD YYYY

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.

Amount Requested: \$ _____ Activity: _____ Cheque Payable to: _____

Copy of Invoice/Statement of fees attached.

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: _____

Please provide a brief history of the youth(s) participation and accomplishments in this activity:

Have you participated in this activity prior to this year? Yes No

Have you previously received funding from the MMF for this activity? Yes No

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

I grant to 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 Manitoba Metis Federation, its assigns and transfers to copyright, use and publish the same in print and/or electronically.

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

Applicant Signature: _____ Date: / /
MM DD YYYY

Parent/Guardian Signature: _____ Date: / /
If youth is under 18 MM DD YYYY

Regional Verification: _____ Date: / /
Vice-President/Regional Administrator MM DD YYYY