



Northwest Metis Youth Recreation & Wellness Committee  
40 – 1<sup>st</sup> Avenue North West  
Dauphin, MB R7N 1G7  
Phone # 638-9485 email: [nwmc@mb.sympatico.ca](mailto:nwmc@mb.sympatico.ca)

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**Northwest Metis Youth Recreation & Wellness Fund  
Individual Assistance  
Application**

Metis youth who are financially disadvantaged can apply as individuals for assistance for opportunities such as minor sport registration fees, participating in cultural or wellness, attending sport or recreation workshops and conferences, and field trips.

**Eligibility Guidelines**

- Only completed Local Project Applications will be considered
- Maximum limit of \$250 per youth for the fiscal year
- Metis specific for youth (29 years and younger)
- Metis youth who are financially disadvantaged
- If application is approved, wherever applicable, the vendors or suppliers may be paid directly. ie. For minor softball registration, Dauphin Minor Softball would get paid from the Northwest Regional Office.
- If approved, all related receipts MUST be submitted to the Regional Office upon completion of the project.

**Deadline**

Mail or drop off the completed applications to the Northwest Regional Office at least 2 weeks (14 days) before the event / activity is to occur.

Mailing address is at the top of this page.

**Questions**

Call the Northwest Metis Regional Office at (204) 638-9485.

**Incomplete applications will delay the selection process**

**Application Form (revised November 2002)**  
**Northwest Metis Youth Recreation & Wellness Fund**  
**Only Financially Disadvantaged Metis Youth Need Apply**  
**Individual Assistance**

Name of Youth: _____	Age of youth: _____
Parents Name(s): _____	
Address: _____	
Membership # (if under 18, use parents #): _____	
Name of Local: _____	
Estimated Annual Family Income: _____	
Number of youth in Household under 18: _____	

**Recreation or Wellness Activity:**

\_\_\_\_\_

**Location of Activity:** \_\_\_\_\_

**Date(s):** \_\_\_\_\_

**Amount Requested:** \$ \_\_\_\_\_ (maximum of \$250)

Please specify what the funds will be used for: (provide actual price quotations or receipts)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list other sources of funding that you have contacted**

\_\_\_\_\_

**Please provide a brief history of the youth's accomplishments in this activity**

\_\_\_\_\_

**Endorsement**

Your role is critical to the productive use of the Northwest Metis Youth Recreation & Wellness Fund. As an endorser you should have an understanding of this applicant's family financial situation and their inability to pay for recreation or wellness opportunities. The endorser may be the applicant's:

(One of the following)

School Principal, Guidance Counselor, Social Worker, Family Worker, Family Doctor, Licensed Childcare Worker or Member of Clergy

Endorser's Name \_\_\_\_\_ Title \_\_\_\_\_

Employer \_\_\_\_\_ Phone # \_\_\_\_\_

**Please ensure all sections are complete before endorsing**

Signature of Endorser \_\_\_\_\_ Date \_\_\_\_\_

I declare that all of the information I have stated in this application is accurate and true, and I declare that I will do the following:

- Complete all sections of this Application
- Attach all receipts
- Submit all Receipts to the Regional Office

Parents Signature (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

**Please mail or fax the completed Application to:**

Northwest Metis Youth Recreation & Wellness Fund      40 – 1<sup>st</sup> Avenue North West  
Dauphin MB R7N 1G7      Phone # 638-9485 / Fax # 638-3878