



## syilx Heritage and Culture Development Funding Application

*To be completed by Members applying for funding under  
Policy 2019-04 syilx Heritage and Culture Development Funding.*

**Submit to Membership Services once completed.**

*Protected in accordance with Policy 2015-82 Personal Information and Privacy Protection.*

### PART A – MEMBER INFORMATION

Last Name:	First Name:	
Status Number:	Age:	Province:
Phone Number:	Email:	
Address:	City:	Postal Code:

### PART B – INITIATIVE FOR WHICH FUNDING IS REQUESTED

Name of workshop/conference/event	Location held
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Provide further description of the event and attach the documents required under Part D of this application, as applicable.

Why do you wish to participate in this event?

What do you hope to get out of this event and how will participation in it better equip you with a working knowledge of syilx heritage, language, culture, and customs?

How do you plan on implementing the learning from this event to promote syilx values, language, and teachings either in or outside of the WFN community?

Will you request or receive funding, or have you requested or received funding, for this event from other sources?  No  Yes  
 If you answered “yes” to the above question, please indicate other source(s) of funding:

<input type="checkbox"/> Standard 2020-05 Elders Group Excursions	Amount: \$
<input type="checkbox"/> Other ( <i>please identify</i> ):	Amount: \$

**PART C – REQUIRED DOCUMENTS**

Documentation that helps to describe the initiative under Part B of this application must be submitted with the application. Appropriate documentation includes, but is not limited to, the items described below.

<input type="checkbox"/> Registration form	<input type="checkbox"/> Accommodation reservation confirming total cost
<input type="checkbox"/> Brochure	<input type="checkbox"/> Other relevant documentation ( <i>please identify</i> ):
<input type="checkbox"/> Agenda	

**PART D - ACKNOWLEDGMENT, DECLARATION, AND SIGNATURES**

By submitting this application form, along with the required documents, I understand, acknowledge, and declare that:

The information provided by me within this application is complete, correct, and given in order to support my request for syilx Heritage and Culture Development Funding.

I will use any syilx Heritage and Culture Development Funding received solely for the purpose(s) described under Parts B and C of this application.

Signature of Applicant:	Date:
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Signature of Parent/Guardian ( <i>if applicant is under 19 years of age</i> ):	Date:
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**Office Use Only**

<b>Received by Membership Services</b>	Date:
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Decision of Membership Services:

Applicant will receive funding in the amount of: \$\_\_\_\_\_.

Application is denied.

Reason(s) for denial of funding:

Signature of Membership Services Manager:	Date:
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