



Whitecap Dakota First Nation

Minor Sports and Fine Arts Fees Program

April 1, 2016 – March 31, 2017

Program:

- Provides financial assistance to Whitecap Dakota First Nation (WDFN) members of an amount equal to 50% of the total registration fees to a maximum amount of \$500.00 per child per fiscal year, except for Minor Hockey where an amount up to 75% of registration fees are eligible. In return, each successful applicant will be required to volunteer time towards WDFN approved community based events (i.e. Sports Days, health fairs, Christmas activities, maintain outdoor rink, etc.).

Eligibility:

- Applicant's child(ren) must be a WDFN member and a minor aged 17 years old or under.
- Applicants are to contact the Recreation Coordinator who will identify volunteer opportunities and coordinate and track the number of volunteer hours provided.
- Volunteer hours must be completed by March 31st.
- Volunteer Hour Commitment Schedule:

Fee Reimbursement	Volunteer Commitment
\$100 or less	4 hours
\$101 to \$200	8 hours
\$201 to \$300	12 hours
\$301 to \$400	16 hours
\$401 to \$500+	20 hours

Approval Process:

- All qualifying Band Members must complete an application form and submit to the Recreation Coordinator accompanied by:
 - Copy of the paid receipt
- WDFN Finance Committee will review each request. Funds are limited and requests will be approved based on available budget.
- A confirmation of approval will be sent to the applicant.
- Payment will be issued to the applicant upon completion of total volunteer time commitment.

For Further Information Contact:

Recreation Coordinator

Joe Patterson

Phone: 306-373-4600

Email: jpatterson@whitecapdakotahealth.com



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APPLICATION FORM

Minor Sports and Fine Arts Fees Program

April 1, 2016 – March 31, 2017

PART 1: APPLICANT

Band Member Name: _____

Child Name: _____

Program Name: _____

Program Description: (Brief summary)

Program Fee's Paid: \$ _____ Amount Requested: \$ _____

Receipt Attached: Yes No

Volunteer Commitment: _____ Hours

Applicant Signature: _____ Date: _____

PART 2: RECREATION COORDINATOR

Verification of Volunteer Hours Worked: Attached

Recreation
Coordinator Signature: _____ Date: _____

PART 3: APPROVAL FOR PAYMENT

Amount Approved: \$ _____

General
Manager Signature: _____ Date: _____

Copy: WDFN Finance Dept.