



Whitecap Dakota First Nation

WDFN On-Reserve Minor Sports and Fine Arts Fees Program

April 1, 2021 – March 31, 2023

Program:

- Provides financial assistance to Whitecap Dakota First Nation (WDFN) members residing on-reserve and whom are on nominal roll.
- The program will cover registration fees only to an amount equal to 50% of the total registration fees to a maximum contribution amount of \$500.00 per child per fiscal year.
- Funds are available on 'first-come, first-served' basis and approved based on available budget.

Eligibility:

- Applicant's child(ren) must be a WDFN member aged 17 years old or under; must reside on-reserve and must be on nominal roll.

Approval Process:

- All qualifying Band Members must complete an application form and submit to the Recreation Coordinator accompanied by:
 - Copy of the paid receipt
- Funds will be disbursed directly to the organization upon proof of receipt of parent's portion paid. For example: \$750 registration fee; parent paid \$375; remaining 50% will be payable to the organization.
- Funds will be reimbursed to the parent upon proof of receipt of total registration paid. For example: \$750 registration fee; parent paid \$750; 50% (\$375) will be payable to the parent.
- Funds are limited and requests will be approved based on available budget.
- All applications must be received prior to any registration deadline to be eligible.
- Late fees are not eligible for reimbursement.
- A confirmation of approval will be sent to the applicant.

For Further Information Contact:

Recreation Coordinator

Kristen Netmaker

Phone: 306-370-5552

Email: knetmaker@whitecapdakotahealth.com



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APPLICATION FORM

WDFN On-Reserve Minor Sports and Fine Arts Fees Program

April 1, 2021 – March 31, 2023

PART 1: APPLICANT

Band Member Name: _____

Child Name: _____

Program Name: _____

Program Description: (Brief summary)

Registration Fees Paid: \$ _____ Amount Requested: \$ _____

Receipt Attached: Yes No

Applicant Signature: _____ Date: _____

PART 2: RECREATION COORDINATOR

Recreation
Coordinator Signature: _____ Date: _____

PART 3: APPROVAL FOR PAYMENT

Amount Approved: \$ _____

Health Director Signature: _____ Date: _____

Email Signed Copy to: financeteam@whitecapdakota.com