# Believe Elite Athletic and Artistic Support Program

The Believe Elite Athletic and Artistic Support Program supports youth, ages 15-29, who are elite in their sport/activity and compete at the highest level.

## **Application Requirements**

- AGE: Must be a youth that is between the ages of 15-29.
- CITIZENSHIP: Must provide proof of Red River Métis citizenship.
  - Copy of citizenship card or;
  - Citizenship verification from the Central Registry Office
- BIOGRAPHY: Must provide a biography highlighting accomplishments in the activity
- RECEIPTS/INVOICES: Must provide a copy of the receipt or invoice for the activity cost.
  - RECEIPTS: If proof of payment is provided, the applicant will be reimbursed.
  - INVOICES: If payment is outstanding to an organization, the organization will be paid directly.
  - Individuals may apply once per fiscal year.

# **Application Submission**

- REQUIRED: Submit the completed Application Form to your Regional Youth Program Officer along with:
  - Copy of citizenship card or citizenship verification
  - Copy of receipt(s) or invoice(s)
    - Within MMF fiscal year April 1 March 31
    - Equipment purchases are not eligible for reimbursement
  - Copy of biography highlighting accomplishments
  - OPTIONAL: Picture of youth participating in activity

# E-mail, Mail, Drop Off or Fax Application Forms to Your MMF Regional Office Listed Below

### Winnipeg Métis Association Inc.

4th Floor - 200 Main St Winnipeg, MB R3C 1A8

Phone: 204-586-5716 Fax: 204-582-2711 E-Mail: wpgmmfyouth@mmf.mb.ca

#### Interlake Métis Association Inc.

P.O Box 390 Lot 28 St. Laurent Drive St. Laurent, MB ROC 2SO Phone: 204-646-2706 Fax: 204-646-4171 E-Mail: intmmfyouth@mmf.mb.ca

### Northwest Métis Council Inc.

422 Main St. S
Dauphin, MB R7N 1K9
Phone: 204-638-9485 Fax: 204-638-3878
E-mail: nwmmfyouth@mmf.mb.ca

#### Southeast Regional Métis Corp.

P.O. Box 13 55 Parkview Avenue Grand Marais, MB R0E 0T0 Phone: 204-754-2721 Fax: 204-754-2687 E-mail: semmfyouth@mmf.mb.ca

## Southwest Regional Office Inc.

656-6th Street Brandon, MB R7A 3P1 Phone: 204-725-7520 Fax: 204-728-9085 E-Mail: swmmfyouth@mmf.mb.ca

### The Pas Region Inc.

P.O. Box 2467 456
Fischer Avenue
The Pas, MB R9A 1M2
Phone: 204-623-5701 Fax: 204-623-2825
E-Mail: tpmmfyouth@mmf.mb.ca

#### **Thompson Regional Office**

171 Cree Road
Thompson, MB R8N 1P1
Phone: 204-677-1430 Fax: 204-677-2240
E-mail: thommfyouth@mmf.mb.ca

### **Infinity Women Secretariat**

300-150 Henry Avenue Winnipeg, MB R3B 0J7 Phone: 204-586-8474 Fax: 204-947-1816 E-Mail: iws@mmf.mb.ca



# **Youth Department**

# Believe Elite Athletic and Artistic Support Program

The Manitoba Métis Federation is proud to encourage and support youth excelling in sports, recreation, arts & cultural activities



Believe in yourself, Believe in Métis

# $Believe\,Athletic\,and\,Artistic\,Support$



# **Application Form**

Youth Applicant Name:			DOB:/	
Gender: $\square$ Male $\square$ Female $\square$			ויווי טל דודו	
Mailing Address:		City/Town:	Postal Code:	
Home Phone:	Cell Phone:	Email:		
Parent/Guardian Name(s):				
Citizenship #:	Region:		Local:	
☐ Or; Letter from the MMF Ce process.	entral Registry Off	fice confirming that a	n MMF Citizenship application is in	
Activity:Cheque Payable to:				
☐ Receipts and/or Invoices				
Purchase of equipment not eligible for reimbursement				
<ul> <li>Receipts/invoices must be within current fiscal year (April 1 to March 31)</li> </ul>				
☐ Biography highlighting accomplishments				
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:				
Start Data of Activity	Finish Data a	f Activity	Total Cost, Ć	
Start Date of Activity:	rinish Date o	Activity:	Total Cost: \$	

Yes $\square$ No	from the MMF or any other funding source for this activ
If yes, please list the funding received:	
I declare that all the information provided in this a	nnlication is accurate and true.
I grant the Manitoba Metis Federation, its represe photographs/videos of me and my property in con	
my name and for any lawful purpose, including ex and Web content.	
Applicant Signature:	Date:/
	Date:
For MMF use only	
Regional Verification:	Date:
MMF Assessment and Recommendation:	
Funding Recommendation: \$	<u></u>
Intake Verification:	Date: / /