



# Whitecap Dakota First Nation

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## WDFN On-Reserve Minor Sports and Fine Arts Fees Program

April 1, 2023 – March 31, 2024

### 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 Chief Executive Officer (CEO) 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:

CEO

Warren Buffalo

Phone: 306-477-0908

Email: [wbuffalo@whitecapdakota.com](mailto:wbuffalo@whitecapdakota.com)



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## APPLICATION FORM

### WDFN On-Reserve Minor Sports and Fine Arts Fees Program

April 1, 2023 – March 31, 2024

#### PART 1: APPLICANT

Parent/Guardian Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Birthdate: [Year] [Month] [Day] \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Whitecap SK S7K 2L2

Phone #: \_\_\_\_\_ (h) \_\_\_\_\_ (c)

Program Name: \_\_\_\_\_

Program Description: (Brief summary)

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

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

Receipt Attached:  Yes  No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### PART 2: CEO APPROVAL FOR PAYMENT

Verified WDFN Band Member:  Yes  No \_\_\_\_\_  
Indian Registry Administrator

Confirmed on Nominal Roll:  Yes  No \_\_\_\_\_

Amount Approved: \$ \_\_\_\_\_ G/L: \_\_\_\_\_

CEO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Signed Copy to: Accounts Payable