



Whitecap Dakota Nation

WDN Sports, Culture, Recreation Assistance for Members Program

April 1, 2026 – March 31, 2027

Program:

- Provides financial assistance to Whitecap Dakota Nation (WDN) members residing on-reserve and whom are on nominal roll.
- The program will provide 100% full reimbursement for the following fees in these categories:
 - 1) **Minor Sports** – Minor sports fees including registration fees (up to \$1,500 per sport), team fees (up to \$1,000 per sport), skill development camp fees (one camp per season up to \$1,000). Amounts are allocated per eligible member.
 - 2) **Elite Sports** – Apply directly to the Dakota Dunes Development Corporation; WDN will provide a letter of support for the athlete.
 - 3) **Post-Secondary Sports** – Post-Secondary sports fees.
 - 4) **Culture** – Contribution will be made to the Culture & Language program.
 - 5) **Arts** – Art, Modern Dance, and/or Music Fees (up to \$1,000 per program).

Eligibility:

- Applicant's child(ren) must be a WDN member aged 17 years old or under; must reside on-reserve and must be on nominal roll.
- Transportation is the responsibility of the parents.
- Post-Secondary students from 18-25 years old that are playing competitive University Sports regardless of division.

Approval Process:

- All qualifying WDN Members must complete an application form and submit to the Chief Executive Officer (CEO).
- Funds will be disbursed directly to the organization and/or reimbursement of actuals.
- 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:

Chief Executive Officer
Warren Buffalo
Phone: 306-477-0908
Email: wbuffalo@whitecapdakota.com



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APPLICATION FORM

WDN On-Reserve Sports, Culture, Recreation Assistance for Members Program

April 1, 2026 – March 31, 2027

PART 1: APPLICANT

Parent/Guardian Name: _____

Child's Name: _____

Child's Birthdate: [Year] [Month] [Day] _____

School Name: _____ Grade: _____

Address: _____ Whitecap SK S7T 1G1

Phone #: _____ (h) _____ (c)

Program Name: _____

Program Description: (Brief summary)

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

Parent/Guardian Signature: _____ Date: _____

PART 2: CEO APPROVAL FOR PAYMENT

Verified WDN Member: Yes No _____
Indian Registry Administrator

Confirmed on Nominal Roll: Yes No _____

Amount Approved: \$ _____ G/L: _____

Signature: _____ Date: _____

Email Signed Copy to: Accounts Payable