



Indigenous Youth Community Grants

Kirk Arsenault Memorial Fund Application Form

Please note: If you are having difficulty completing the application, please contact the Youth Outreach Worker closest to your area, friend, or a family member. **Incomplete applications will not be reviewed or processed.**

Applicant Information			
First Name		Last Name	
Gender	Female	Male	Non-Binary
Email		Phone	
Address			
City		Postal Code	
Parent/Guardian/Adult Information – If you are under the age of 18, please complete the following			
First Name		Last Name	
Relationship to applicant			
Address (if different)			
City		Postal Code	
Email		Phone	
Consent to Collection of Information			
<p>The information collected will be used solely for the purposes of processing your application for the Indigenous Youth Community Grants program. This includes assessing eligibility, evaluating the application, and administering the grant if awarded. Your information will be shared with the grant selection committee and relevant administrative personnel.</p> <p>All personal information collected will be kept confidential and stored securely. It will not be shared with third parties without your consent, except as required by law or as necessary to process your application.</p> <p>By signing below, you consent to the collection, use, and sharing of your personal information as described above. You acknowledge that you understand the purpose for which your information is being collected and how it will be used. Individuals under the age of 16 will require parental consent.</p> <p>You have the right to:</p> <ul style="list-style-type: none"> • Access the personal information we hold about you • Request correction of any inaccurate or incomplete information • Withdraw your consent at any time by written request. Please note withdrawing consent may affect the processing of your grant application. <p>If you have any questions or need further information, please contact the Grant Coordinator by email at ncnsydi@ncns.ca.</p>			
Consent Declaration:			
I, _____ (Print Name), hereby consent to the collection, use, and sharing of my personal information as outlined above.			
Signature: _____			
Date: _____			

Eligibility			
Status/Registered Applicants			
Group	First Nation	Inuit	Métis
Community Name			
Registration Number			
Non-Status/Registered Applicants			
Are you a current client of any NCNS Programs	Yes	No	
If yes, please provide the following information			
Program Name		Case Worker Name	
If you are not a current NCNS client, please contact the Grant Coordinator to determine your eligibility		Grant Coordinator Email: ncnsydi@ncns.ca Phone: (902) 895-1738	
Project/Idea Information			
What is the name of your project/idea?			
Project/Idea Proposal and Schedule: <i>Please describe the intent of your project/idea, how you plan on carrying out your project/idea, and your expected outcomes. Be sure to include how your project/idea will benefit your cultural knowledge/awareness or other Indigenous youth or Indigenous communities (Please be as specific as possible). Attach a separate sheet if you need more space. Also state your timeline (expected start and finish dates)</i>			

References – You must enclose at least one (2 max) letter(s) of support with your application. Please list below the names of the person(s) providing the letter of support

Name		Phone Number	
Name		Phone Number	

Applicant's Statement

I confirm that the information on this form is true and correct to the best of my knowledge and/or belief. I will follow the grant guidelines, and if I am successful, I will provide all requested documents and information required before the money is released

Signature: _____

Date: _____

Please send your completed application using **one** of the following:

Scan and email: ydi@ncns.ca

Text: pictures of the application and forms to (902) 305-7181

Mail: Youth Development Initiative, c/o P.O Box 1320, Truro, NS, B2N 5N2