

**VUNTUT GWITCHIN FIRST NATION YOUTH ENHANCEMENT FUND  
PROGRAM APPLICATION FORM**

Please read the YEF guidelines carefully before applying. Ensure that your application is as complete as possible and submit your application to the Vuntut Gwitchin First Nation Health and Social Department.

Name of Child: \_\_\_\_\_

Date of Birth Day/Month/Year: \_\_\_\_\_

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

Mailing Address:

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

Name of Group applying (if applicable): \_\_\_\_\_  
(include a detailed list of participants)

\_\_\_\_\_

**PROGRAM INFORMATION**

Name of program: \_\_\_\_\_

Name of Organization providing the program: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Cost of program: \_\_\_\_\_

\_\_\_\_\_  
**Parent/guardian signature**

\_\_\_\_\_  
**Date**

**VUNTUT GWITCHIN FIRST NATION  
YOUTH ENHANCEMENT FUND WAIVER**

I, \_\_\_\_\_, hereby acknowledge that the activities, which I am seeking funding for under the VGFN YEF, are not in any way connected to the Vuntut Gwitchin Government.

All liabilities and responsibilities that may be associated with the activities in which I am being funded is my sole responsibility.

I further understand that there are risks associated with the activity I am seeking funding for and I fully understand and take responsibility for ensuring that necessary precautions are taken to protect myself.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**EACH APPLICANT FOR GROUP SUBMISSION MUST COMPLETE THIS  
WAIVER**

**OFFICE USE: Date received: \_\_\_\_\_ Date processed: \_\_\_\_\_**