



**Fort Nelson First Nation | Administration Department**

RR1 Mile 295 Alaska Highway

Fort Nelson, BC V0C 1R0

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fortnelsonfirstnation.org

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**APPLICATION FOR MINOR'S INCENTIVE**

**PERSONAL INFORMATION**

*Please attach a copy of current Status Card.*

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Birthdate  
(mm/dd/yyyy) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**FAMILY BACKGROUND INFORMATION**

*Only birth parent information is required.*

Father's Last Name: \_\_\_\_\_

Father's First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

Member of Fort Nelson First Nation?  Yes  No

If yes, include Band Number: \_\_\_\_\_

Mother's Last Name \_\_\_\_\_

Mother's First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

Member of Fort Nelson First Nation?  Yes  No

If yes, include Band Number: \_\_\_\_\_

**EDUCATION AND/OR TRAINING**

Highest Grade/Diploma/Degree/Other Completed: \_\_\_\_\_

Institution/School: \_\_\_\_\_

Province of Study: \_\_\_\_\_

Completion Year: \_\_\_\_\_

Field of Studies: \_\_\_\_\_

Program presently enrolled in:

→ Provide current status in the program and proof of registration.

→ Attach Instructor's evaluation that describes your attendance, effort and/or participation.

**GOALS FOR CONSTRUCTIVE USE OF FUNDS**

In detail, indicate any plans you have to make use of the funds (*for example; furthering your education, starting a business, investing, etc*). Include information on steps you will be taking to pursue this goal. Please be specific.

**FINANCIAL MANAGEMENT TRAINING**

Applicants are required to have participated in and completed a personal financial management workshop of their choice.

Certificate or Notice of Confirmation (attach a copy): \_\_\_\_\_

Date of Completion (M/D/Y): \_\_\_\_\_

**BANKING INFORMATION**

For funds to be direct deposited in to your bank account, please ensure the following information is correct and provided in full.

Financial Institution/Bank: \_\_\_\_\_ Branch Name: \_\_\_\_\_  
Branch Number: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Chequing  Savings  
Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_  
Province: \_\_\_\_\_

**DISCLOSURE STATEMENT**

Are you aware of any information about yourself that might reflect negatively regarding your Minor’s Trust Endowment payment? Please explain:

**YOUR SIGNATURE BELOW AUTHORIZES FORT NELSON FIRST NATION TO:**

1. Verify all information on application,
2. Conduct a criminal record check,
3. Investigate any extenuating circumstances and,
4. Release Fort Nelson First Nation from future obligation concerning Minor’s Trust.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

**IMPORTANT: Please ensure your application is completed in its entirety. This avoids delaying the application process. Any incomplete forms will be sent back to the applicant for completion.**

**MAIL COMPLETED FORMS TO:**

**JANELLE BADINE, MEMBERSHIP SERVICES & RECORDS CLERK  
FORT NELSON FIRST NATION: ADMINISTRATION DEPARTMENT  
RR1 MILE 295 ALASKA HIGWAY  
FORT NELSON, BC V0C 1R0**

**FOR OFFICE USE ONLY**

- Application reviewed by Membership Clerk
- Application is complete, including all required documentation
- Application has been signed and dated by Applicant
- Confirmation of FNFN Membership received from Membership Clerk
- FNFN Finance Department confirms Applicant is debt free to FNFN
- Applicant has met the criteria as set out in the Minor's Trust Policy and Guidelines

Explanation if any of the above-mentioned criteria has not been met:

\_\_\_\_\_

Membership Services & Records Clerk's Signature Date

**REVIEWED BY CHIEF AND COUNCIL**

Application is:     **APPROVED**                       **REJECTED**

If rejected, provide reasons:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Chief's Signature Date

**CONFIRMATION OF MEMBERSHIP**

The Membership Clerk is to complete either Part 1 or Part 2 of the Confirmation of Membership.

**Part 1:** Confirmation of Membership if the Applicant became a member of FNFN prior to the FNFN's Membership Code which was approved March 31, 2004.

I, \_\_\_\_\_, Membership Clerk for FNFN hereby verify that \_\_\_\_\_ is a  
Name Applicants Name  
 Member of Fort Nelson First Nation as of \_\_\_\_\_.  
Date of Membership

\_\_\_\_\_ \_\_\_\_\_  
**Membership Clerk Signature** **Date**

**Part 2:** Confirmation of Membership if the Applicant became a member of FNFN AFTER the FNFN's Membership Code which was approved March 31, 2004.

I, \_\_\_\_\_, Membership Clerk for FNFN does hereby verify that \_\_\_\_\_ was approved  
Name Applicants Name  
 for Membership to FNFN on \_\_\_\_\_ and (A) has successfully completed their Membership Probationary Period  
Date of Membership  
 on \_\_\_\_\_ or (B) will not have completed Membership Probationary Period until \_\_\_\_\_.  
Date Date

\_\_\_\_\_ \_\_\_\_\_  
**Membership Clerk Signature** **Date**

**CONFIRMATION OF CREDIT CHECK**

**Part 1: Confirmation of Credit Check – CLEARED**

I, \_\_\_\_\_, FNFN Accounts Receivable Clerk, Finance Department hereby verify that \_\_\_\_\_.  
Name Applicants Name  
does not owe FNFN any money; therefore, is debt-free with FNFN.

\_\_\_\_\_  
FNFN Accounts Receivable, Finance Department

\_\_\_\_\_  
Date

**Part 2: Confirmation of Credit Check – OUTSTANDING DEBT**

I, \_\_\_\_\_, FNFN Accounts Receivable Clerk, Finance Department hereby verify that \_\_\_\_\_.  
Name Applicants Name

Has an outstanding debt owing to FNFN:

1. \$ \_\_\_\_\_; 2. Reason for debt owing: \_\_\_\_\_

\_\_\_\_\_  
FNFN Accounts Receivable, Finance Department

\_\_\_\_\_  
Date