



Fort Nelson First Nation | Administration Department

RR1 Mile 295 Alaska Highway

Fort Nelson, BC V0C 1R0

T: 250.774.7257

F: 250.774.7260

fortnelsonfirstnation.org

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