



#### Alexis Nakota Sioux Nation / Four Pillars Nakota Legacy Project

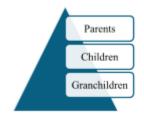
## **Land Base Family Retreat Funding Application Form**

#### **SECTION 1: APPLICANT INFORMATION**

Name of Applicant	
Phone	
Email	
Mailing Address	
Treaty Number	

#### **SECTION 2: PARTICIPANT INFORMATION**

Definition of Family: For the purposes of this agreement, "family" shall be defined as an individual's immediate relatives, including their mother, father, brothers, sisters, and the children of those brothers and sisters (i.e., nieces and nephews). This definition is intended to encompass both biological and legally adopted family members.



Names of Family Members Attending: \*(You may attach another page if needed.)

Name	DOB	Treaty #	Relation to Applicant
1.			, approant
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
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12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			



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Is this your first time applying for this program?	
<ul><li>☐ Yes</li><li>☐ No — If no, please indicate the date of last support:</li></ul>	
SECTION 3: RETREAT DETAILS	
Proposed Dates of Family Retreat: From	to
Retreat Location (Land Site or Area):	
Brief Description of Activities Planned: (Include cultural, spiritual, wellness-based, and therapeutic elements. Yo	ou may attach another page if needed.)
Will you be guided by an Elder/Cultural Advisor or therapist? □ Yes □ No	
If yes, please provide their name(s) and role(s):	
Name	Role





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#### **SECTION 4: FUNDING REQUEST**

Approved on: \_\_

		· · · · · · · · · · · · · · · · · · ·			
Expense Type	Estimated Cost	Notes Details			
1. Travel / Fuel					
2. Food					
3. Supplies					
4. Honoraria for Elder / Therapist					
5. Other (please specify)					
Total Estimated Cost:					
SECTION 5: DECLARATION					
GEOTION 3. DEGLARATION					
I declare that the information provided is true and complete to the best of my knowledge. I understand that the					
Alexis Nakota Sioux Nation / Four Pillars (I		re limited and that applications			
will be reviewed on a first-come, first-serve	ed basis.				
Signature of Applicant:	Date:				
	FOR OFFICE USE ONLY				
Date Received:	Application #:				
☐ Complete					
☐ Incomplete – Follow-up required					
☐ Approved					
□ Not Approved					
Reviewed by Project Administrator:					
Pavioused by Council (Poto):					
Reviewed by Council (Date):					

Amount Approved: \$\_