



The Four Pillars
SOCIETY

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.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			



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Is this your first time applying for this program?

☐ Yes

☐ No — If no, please indicate the date of last support: _____

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. You 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

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

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 (Land Base Family Retreat) funds are limited and that applications will be reviewed on a first-come, first-served basis.

Signature of Applicant: _____ Date: _____

FOR OFFICE USE ONLY

Date Received: _____ Application #: _____

- ☐ Complete
☐ Incomplete – Follow-up required
☐ Approved
☐ Not Approved

Reviewed by Project Administrator: _____

Reviewed by Council (Date): _____

Approved on: _____ Amount Approved: \$_____