



18th Annual First Nations Entrepreneur Youth Symposium

2016 APPLICATION FORM

Please Note: Eligibility & Cost

The FNEYS is a symposium open to First Nation Youth between the ages of 18-35 who live in within the Treaty 7 area. There is no charge for participants, all travel and hotel costs will be paid by the FNYES and its sponsors.

The maximum amount of participants for the 2015 FNEYS will be 20. Applicants will undergo a screening process through a selection committee. Previous entrepreneur experience is not necessary but a strong positive attitude with an aspiration to learn and gain new skills.

Once your application is accepted, each participant will be required to provide two references, complete medical and other forms. Applications deadline is: August 12, 2015.

Section I – Personal Information

Surname: _____ First Name: _____

S.I.N. #: _____ Home #: _____

Cellular #: _____ Work #: _____

The best time to contact me is: _____ A.M. P.M. Home # Work # Cellular # (please check one)

E-Mail Address: _____

Mailing Address: _____

City/Province: _____ Postal Code: _____

Date of Birth: _____ Male: _____ Female: _____

First Nation Affiliation: _____ Band Membership #: _____

Do you have any medical conditions/allergies? _____

If So, Please Explain: _____

Are you a person living with a disability? **YES** **NO** (please circle one)

If So, Please Explain: _____

Are you in school? **YES** **NO** (please circle one) If so, what school: _____

Year / Grade / Program: _____ Major: _____

Are You Employed? **YES** **NO** (please circle one)

Position/Title: _____ Full-Time: _____ Part-Time: _____

If not, what is your source of income? _____

Income Security/Family Allowance: _____

Other (Explain): _____



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Section 2 – References

Please list a reference both personal and professional:

Personal – Name: _____ Phone #: _____

Employment – Name: _____ Phone #: _____

*Applicants may also provide a reference from a teacher/instructor or mentor

Do you have a clear criminal record? YES NO (please circle one)

Section 3 – Questionnaire for Applicants

1. In the last two years have I taken a leadership role by: _____

2. Whenever working on a group project, my best contribution is: _____

3. If I could start my own business I would: _____

4. I would really like to attend the First Nations Entrepreneurial Youth Symposium because:

Section 4 – Medical Disclosure

Date of Birth: _____ Age: _____

Weight: _____ Height: _____

Health Care Number: _____

Family Doctor: _____ Phone: _____



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In Case of Emergency, Please Contact:

Name #1: _____ Relationship: _____

Phone # (A.M.): _____ Phone # (P.M.): _____

Name #2: _____ Relationship: _____

Phone # (A.M.): _____ Phone # (P.M.): _____

Can you swim? **YES** **NO** (please circle one)

Have you ever had frost bite? **YES** **NO** (please circle one)

What was the date of your last tetanus vaccination? _____

Are you currently taking medications? **YES** **NO** (please circle one)

If yes, please provide name, dosage, frequency and possible side effects or contraindications (pharmacist print out): _____

Note: If you are bringing required medications to the symposium, please ensure you bring twice as much as you need for the time.

Are you currently receiving treatment from a doctor or other health care professional?

YES **NO** (please circle one) If yes, please explain: _____

Doctor's Name: _____ Phone: _____

Applicant Signature & Date

For more information, please contact:
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