

MÉTIS YOUTH CULTURAL CAMP

1) CAMP

Choose which Métis Youth Cultural Camp you are applying for (only one per application)?

Printen (Spring) Été (Summer) Otawm (Fall) Ivèr (Winter)

2) INFORMATION SOURCE

How did you learn about the Métis Youth Cultural Camp?

Community Council Email Other
 Facebook MNO Website MNO Staff

3) PERSONAL AND CONTACT INFORMATION

Last name: _____ Given name: _____

Date of birth: _____ My Métis community: _____ Gender: M F

Street Address: _____

City: _____ Province: _____ Postal Code: _____ Telephone: _____

E-mail Address: _____ Alternate E-mail Address: _____

Are you a MNO citizen? If so, please provide card #: _____

4) EDUCATION

What is the name of the high school you are currently attending?: _____

What grade are you currently in?: _____ What do you want to study in the future?: _____

PLEASE PROVIDE A LETTER OF SUPPORT

Name of reference: _____

Position of reference: _____

Telephone #: _____ Email address: _____

PLEASE FORWARD APPLICATION TO:
melodyc@metisnation.org
fax: 705-254-3515

Métis Nation
of Ontario 
25 YEARS

FOR ASSISTANCE:
705-254-1768 ext. 316
or 705-941-0370

MÉTIS YOUTH CULTURAL CAMP

4) MOTIVATION

In no more than 300 words please explain why you feel you would be a good candidate for the **Métis Youth Cultural Camp**.

PLEASE FORWARD APPLICATION TO:
melodyc@metisnation.org
fax: **705-254-3515**

Métis Nation
of Ontario 
— 25 YEARS —

FOR ASSISTANCE:
705-254-1768 ext. 316
or **705-941-0370**

MÉTIS YOUTH CULTURAL CAMP

5) LETTER OF SUPPORT

Name: _____ Email Address: _____

In no more than 500 words please explain why you would recommend this candidate for the **Métis Youth Cultural Camp**.

Signature of Parent/Guardian

Date

*Scan and email to **melodyc@metisnation.org** or Fax to **705-254-3515**

PLEASE FORWARD APPLICATION TO:
melodyc@metisnation.org
fax: **705-254-3515**

Métis Nation
of Ontario 
25 YEARS

FOR ASSISTANCE:
705-254-1768 ext. 316
or **705-941-0370**

MÉTIS YOUTH CULTURAL CAMP

PARENTAL CONSENT FORM

I, the undersigned hereby give parental consent for: _____ a student
in attendance at _____ School, to participate in Métis Youth Cultural Camp to
be held at _____. This Métis Nation of Ontario coordinated camp will
run from _____ .

Signature of Parent/Guardian

Date

PLEASE FORWARD APPLICATION TO:
melodyc@metisnation.org
fax: 705-254-3515

Métis Nation
of Ontario 
25 YEARS

FOR ASSISTANCE:
705-254-1768 ext. 316
or 705-941-0370