

## 2025 NATIVE HOCKEY ALBERTA TOURNAMENT GRANT APPLICATION

Date: \_\_\_\_\_

### THIS APPLICATION IS FOR THE FOLLOWING GRANT PROGRAM:

\_\_\_ Alberta Native Provincial Tournament April 3, 4, 5, 6, 2025 – Edmonton, AB

### APPLICATION DETAILS:

Announcement: Support for Athletes at the 2025 Native Hockey Alberta Championships

The Bigstone Cree Nation (BCN) and the Municipal District (MD) of Opportunity are once again proud to announce their support for athletes participating in the upcoming 2025 Native Hockey Alberta Championships, taking place from April 3-6, 2025, in Edmonton. Each athlete will receive \$200 to assist with costs related to attending in the tournament.

Eligibility criteria are as follows: for BCN, applicants must be a Band member of the Bigstone Cree Nation, while for the MD of Opportunity, applicants must reside within the hamlet boundaries of the MD of Opportunity.

To apply for this grant, an online application is available, requiring proof of registration, banking information, and for BCN members, Bigstone Treaty Number. For those without online access, a paper application can be requested, with the same documentation required as for online submissions.

Both organizations wish all athletes the best of luck and encourage them to enjoy the experience.

Application Deadline: March 20, 2025

Applications can be picked up at MD arenas, Recreational Centers, Bigstone Cree Nation Administration Office and can be dropped off at the **Bigstone Cree Nation Administration-ATTN: Val Danyluk OR at Lakeview Sports Center-ATTN: Angela Lightning**



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**APPLICANT INFORMATION:**

1. Name of Grant Applicant (athlete): \_\_\_\_\_
2. What community does the athlete reside in? \_\_\_\_\_
3. What team community & roster are you on? \_\_\_\_\_
4. What division is the athlete registered? \_\_\_\_\_
5. What category? (please circle)    EAGLE      BEAR    COMMUNITY    ELITE      FEMALE
6. Athletes Date of Birth: \_\_\_\_\_
7. Athletes Address: \_\_\_\_\_
8. Contact Phone number: \_\_\_\_\_
9. Payment issued to: Parent(s)/Guardian Name of Grant Recipient:  
\_\_\_\_\_
10. Bigstone Treaty Number (if applicable): \_\_\_\_\_

**I acknowledge that all the information provided in this application is true and accurate to the best of my knowledge.**

**Print name:** \_\_\_\_\_ **Signed:** \_\_\_\_\_

**PLEASE ENSURE THAT THE FOLLOWING DOCUMENTS ARE INCLUDED WITH THIS APPLICATION**

Proof of Hockey Registration

Banking Information

**For Office Administration Use Only:**

Department Manager Approval (Signature): \_\_\_\_\_

Payee Name: \_\_\_\_\_

