



Michel First Nation / Friends of Michel Society COVID-19 Support Funding Application 2021-2022

Applicant Information

Full Name: _____
Last First Initial(s)

Address: _____
(Apartment Unit #)

City/Town Province Postal Code

Reg.#838---.---.--
or Descendant of: _____ Date of Birth: _____
Day Month Year

Email: _____ Phone: _____
(Or N/A for not applicable)

***Adult (18+)** Members and Descendants of Michel First Nation as contained on the Membership List held by Chief and Council are eligible to apply for this COVID-19 support funding. To register, contact Roy Goerz at roygoerz54@gmail.com Proof of ancestry may be required. Address changes submitted on this form will be updated on the Membership List.
NOTE: ALL ABOVE FIELDS ARE MANDATORY – Incomplete applications will not be processed.

Please select area(s) of need:

- Food \$300 per applicant
- Transportation (fuel, delivery of goods) \$50 per applicant
- Cleaning Supplies (hand sanitizers, soap, wipes) \$50 per applicant
- Seniors Support (prescriptions, medication) **(60 yrs.+)** \$100 per Senior applicant
- Child and Family Supports (educational materials) \$100 **per child under 18*** (Indicate # _____)
- Online Learning Support (purchase of computer/tablet) \$500 ***limited to one request per family***

Declaration and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Scan & email to:
michelfirstnationofficial@gmail.com

or mail to:
Michel First Nation
22-53009 Range Road 20
Parkland County AB T7Y 2G8

Copy if more applications required