



Mi'kmaq Arts Program

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Fields marked with a red asterisk (*) are mandatory and must be completed.

Self-Identification

The **Mi'kmaq Arts Program** supports the development and continuation of Mi'kmaq art forms in the province of Nova Scotia by providing opportunities for Mi'kmaq artists to create and share their art and by acknowledging that Mi'kmaq art forms can encompass all practices.

Arts Nova Scotia is committed to diversity, accessibility and inclusion when providing programs and services to all Nova Scotians.

The information in this form will be used:

- To identify eligible applicants to the **Mi'kmaq Arts Program**.
- To help Arts Nova Scotia communicate with individuals and organizations from the designated communities.

The information in this form will not be given to the peer assessment committee.

Note: Before you start, refer to the program guidelines for Eligibility Criteria.

Applicant Information				
Last Name*	First Name*	Legal Last Name (if different)		Legal First Name
Or organization or small group				
Address, Include street number and name*				Apt.
PO Box	City/Town*	County*	Province*	Postal Code*
Telephone - Home*		Telephone - Business	Fax	
Email*				
I am a Canadian citizen or permanent resident of Canada*				<input type="checkbox"/> Yes <input type="checkbox"/> No
Nova Scotia has been my primary residence for at least the past 12 months*				<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Self Identification Mi'kmaq Arts Program

Individuals Indicate if you are a person who identifies as belonging to one or more of the following groups:
 Confirm that you are a person who identifies as Mi'kmaw.

Organizations Indicate if the staff and board of your organization are a person who identify as belonging to one or more of the following groups:
 Indicate the majority of the staff and board of your organization identify as Mi'kmaw

Connection to Community*

1. Tell us about yourself.

2. What community are you connected to?

3. If you are not connected to a community, why?

All applicants*

I have signed on the signature line below to confirm that I agree to the following:

- The information I have provided is true and complete.
- I have provided the personal information on this form with understanding that it will be used only for the purposes stated in this form and that Arts Nova Scotia require my written consent before they can use my personal information for any other purpose.

Signature*	
Name (print)*	Date*

Contact Us	
Email application to: artsnssubmissions@novascotia.ca	For further information: Enrique Ferreol, Program Officer Telephone: 902-424-6472 E-mail: Enrique.Ferreol@novascotia.ca Web: www.artsns.ca