

Mi'kmaq Identification Form

This form has been adapted from the Mi'kmaq Arts Program and is the result of discussions between Arts Nova Scotia and a committee of Mi'kmaq artists from across the province. The purpose of this form is to identify eligible applicants to the **2024 Nova Scotia Art Bank Purchase Program.** The information on this form will be shared with the peer assessment committee.

Arts Nova Scotia reserves the right to request additional information or clarification where necessary.

For the purpose of this form, "Affiliated Band" refers to the Mi'kmaq band with which you are affiliated. This could be one of the 13 bands within Nova Scotia or a Mi'kmaq band from another province. If you are affiliated with a Mi'kmaq band from another province you must have lived in Nova Scotia for at least 12 months prior to the application deadline.

If you have a band membership card please **do not** provide your membership information, the name of your band will suffice. We also recognize that there are Mi'kmaq who are unable to obtain a band membership card due to historical colonial practices. For this reason, a band membership card is not needed for eligibility. However, all applicants must be able to name the band with which they are affiliated and get a signature from a reference to verify their affiliation with their claimed band.

Please also refer to the Mi'kmaq Arts program Eligibility Requirements page for more information.

*Forms begin on the next page



| Artist Information | | | | | | | |
|---|--|-----------------|--|--|--|--|--|
| First Name | | Last Name | | | | | |
| Email* | | | | | | | |
| Telephone | | Affiliated Band | | | | | |
| Mi'kmaq Connection | | | | | | | |
| In the space below, please describe your identity as Mi'kmaw and your connection to your affiliated band. | | | | | | | |
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| Declaration | | | | | | | |
| I, the undersigned declare that all the information I have provided on this form is true and correct. | | | | | | | |
| Name | | | | | | | |
| Signature | | | | | | | |
| Date | | | | | | | |



Reference Overview

Our approach to identification and eligibility is relational. This form requires you to provide the contact information and signature of a reference as a way of verifying your eligibility to this program as Mi'kmaw. Once you have completed this process, you will not have to do it again for future applications. Note that signatures can be handwritten or electronic.

Disclaimer:

If an applicant is found to have falsely identified, the reference will not be held liable. It is the sole responsibility of the applicant to identify truthfully.

Acceptable references are:

- Chief or band council member
- Band membership clerk or CMM

| Reference Information | | | | | | |
|--|--|--|--------------|--|--|--|
| Name | | | Organization | | | |
| Role | | | Telephone | | | |
| Email | | | | | | |
| Reference Declaration | | | | | | |
| I, the undersigned, verify that, to the best of my knowledge, the applicant named above is Mi'kmaq and is affiliated with the band which they claim. | | | | | | |
| Name | | | | | | |
| Signature | | | | | | |
| Date | | | | | | |