



## Application for Inuit Connection Program

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City Province Postal Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Are you Available: **August 9-16, 2025** \_\_\_\_\_

Are you a Nunatsiavut Beneficiary?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you speak Inuttitut?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Have you ever been to the Torngat Mountains National Park?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have experience on the land?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Do you have any allergies?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have any mobility issues?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If yes, what allergies: \_\_\_\_\_

### References from previous programs attended

*Please list two references.*

Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	

Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	

### Disclaimer and Signature

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

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Inuit Connection Program

1. Please tell us why you would like to participate:


2. Please tell us what you would contribute if you were a successful candidate:


3. Please tell us what you hope to learn by participating:


4. What is your family connection to this area? Please list specific areas of your family history:
