



Inuit Connection Program Application

Applicant #1 Information

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City Province Postal Code

Phone: _____ Email _____

Are you Available: **August 8-14, 2026** _____

Are you a Nunatsiavut Beneficiary? YES NO Do you speak Inuttitut? YES NO

Have you ever been to the Torngat Mountains National Park? YES NO Do you have experience on the land? YES NO

Do you have any allergies? YES NO Do you have any mobility issues? YES NO

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 and access to the Torngat Mountains National Park Project

1. Please tell us why you would like to attend the Inuit connection and access to the Torngat Mountains National Park Pilot Project:

2. Please tell us what you would contribute to the Inuit connection and access to the Torngat Mountains National Park Project if you were a successful candidate:

3. Please tell us what you hope to learn by attending the Inuit connection and access to the Torngat Mountains National Park Project:

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