PROTECTED MEDIUM
CONTAINS PERSONAL OR SENSITIVE INFORMATION

NUNATSIAVUT
kavamanga Government

UKausiligijet, IlukKusiligijet Niuggutuligijellu
Language, Culture and Tourism

Youth Leadership Program Application

Applicant Information

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

Address: _____
Street Address *Apartment/Unit #*

_____
City *Province* *Postal Code*

Phone: _____ Email _____

Are you Available: **August 25 – 30, 2026**: _____

Are you a Nunatsiavut Beneficiary? YES ☐ NO ☐

Do you speak Inuttitut? YES ☐ NO ☐

Have you ever attended a youth program? YES ☐ NO ☐

Do you have experience on the land? YES ☐ NO ☐

Do you have any allergies? YES ☐ NO ☐

Do you have mobility issues? YES ☐ NO ☐

If yes, what allergies: _____

References

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: _____

By signing this application, I am certifying that my child has parental consent to attend this program.

Parent/Guardian Signature: _____ Date: _____

Youth Leadership Program

1. **Please tell us why you would like to attend the Youth Leadership Program:**

2. **Please tell us what you would contribute to the Youth Leadership Program if you were a successful candidate:**

3. **Please tell us what you hope to learn by attending the Youth Leadership Program:**

4. **Please tell us how you will bring what you learn in the program back to your community and other youth:**