HOSPITAL EMPLOYEES' UNION (HEU)
INDIGENOUS CULTURAL REVITALIZATION FUND

APPLICATION FORM

Before completing this application, please review the Indigenous Cultural Revitalization Fund eligibility and funding information on the HEU website.

The fund supports **Indigenous FBA members** in accessing learning that strengthens Indigenous culture, language, knowledge and community connections.

SECTION A: ELIGIBILITY & INDIGENOUS MEMBER AFFIRMATION

I am an Indigenous FBA member. Yes☐ No ☐I have completed probation. Yes☐ No ☐

Indigenous identity affirmation: I self-identify as Indigenous and affirm that I am eligible to apply to the Indigenous Cultural Revitalization Fund. I confirm ☐ **APPLICANT'S INITIALS:** _____

SECTION B: MEMBER INFORMATION

First Name	
Last Name	
Street Address / Apartment or Suite	
City/Town	
Province	
Postal Code	
Cell Phone	
Email Address	
Employee Number	

SECTION C: EMPLOYER & WORK INFORMATION

Employer	
Work Site	
Job Title	

FBA Employment Start Date _____

SECTION D: INFORMATION ABOUT THE PROGRAM/LEARNING OPPORTUNITY

Name of course / Program / Activity	
School / Organization / Educator / Provider / Knowledge Keeper /Carrier	
Location of course (area)	
Contact information (email or phone)	
Start date	
End date	
Hours / days per week	

Course Format:

☐ In-person ☐ Online ☐ Hybrid ☐ Self-directed / community-based

Course Length:

☐ Short-term: 20 days or less ☐ Long-term: 21 days to 2 years

Type of learning opportunity (check all that apply):

☐ Indigenous language learning ☐ Cultural workshop / activity ☐ Land-based learning
☐ Cultural knowledge / traditional practices ☐ post-secondary course or training ☐ Community-building / group learning
☐ Other (please describe) _____

Briefly describe what you will learn and how the opportunity supports Indigenous culture, language, knowledge or community connection:

SECTION E: FUNDING REQUEST

Please list the costs you are requesting from the fund. Final funding amounts and applicable limits are subject to the fund's parameters. **If the exact amount is unknown, please provide approximate amounts.**

Expense	Amount Requested	Supporting document attached
Course / Program/ Workshop / Activity fee		☐ Yes ☐ No ☐ N/A
Tuition / Honorarium for Knowledge Keeper or Elder		☐ Yes ☐ No ☐ N/A
Books / Materials / Supplies		☐ Yes ☐ No ☐ N/A
Dependent care		☐ Yes ☐ No ☐ N/A
Other		☐ Yes ☐ No ☐ N/A
TOTAL REQUESTED		

Will you take unpaid leave from work to participate?

☐ YES ☐ NO

If yes, dates / period of unpaid leave	

Have you applied for or received other funding for this learning opportunity?

☐ YES ☐ NO

If yes, identify the funding source and amount	

SECTION F: REGISTRATION & DOCUMENTATION

Attach the documents available at the time of application and email to icrf@heu.org

Additional documentation may be requested before payment.

☐ Proof of registration / acceptance / participation ☐ Proof of cost or payment ☐ Confirmation of start date
☐ Provider / educator / knowledge keeper confirmation ☐ Dependent-care estimate or receipt (if applicable)
☐ Attendance documentation ☐ Other supporting documentation

If documentation is not yet available, explain when it will be available:

SECTION G: EMPLOYEE STATUS CONFIRMATION (To be completed by your employer)

Employee Name	
Job Title	
Department	
Work Site	
Employment Status	☐ Regular FT ☐ Regular PT ☐ Casual
FBA Employment Start Date	
Employer Contact Name / Title	
Employer Email / Phone	

I confirm that the information above accurately reflects the employees' current employment status.
☐ YES ☐ NO

SECTION H: APPLICANT DECLARATION & CONSENT

I declare that the information provided in this application and any supporting documentation is true and complete to the best of my knowledge. I understand that funding is subject to the eligibility criteria and approved parameters of the Indigenous Cultural Revitalization Fund.

I understand that HEU may use and disclose personal information collected through this application and related documents to determine eligibility, verify information, administer approved funding, and communicate with relevant employers, educators, knowledge keepers or organizations where necessary for these purposes. Personal information may also be used in non-identifiable or aggregate form for statistical reporting.

I understand that I may be asked to provide documentation confirming commencement and/or completion of the learning opportunity. If I withdraw or do not complete the learning opportunity, I may be required to provide an explanation and supporting documentation, subject to the fund's applicable processes.

Print Name	
Signature	
Date Signed	

APPLICATION CHECKLIST

Please make sure that you have included the documents listed before emailing your application.

☐ Application completed and signed

☐ Indigenous member affirmation signed

☐ Employee status confirmation

☐ Proof of probation completion

☐ Supporting documentation attached

☐ Proof of registration / start date attached, if available

☐ Other required documentation attached