



The Virtual Gift Show
Prairie & Northern Originals
www.uniquelymanitoba.ca

ABORIGINAL ARTISTS' PROGRAM

APPLICATION

PLEASE PRINT

Last name: First name: Initial

Address (street and number):

Winnipeg, MB Postal Code:

Telephone Number:

Contact Person's Name: Number:

Date of Birth:

Check one: First Nations Metis

Check one: Male Female

Education level: Grade Post Secondary

Signature of Nominator:

Please briefly describe why you would like to be part of this program and what you would like to achieve:

Four horizontal lines for describing the applicant's motivation.

Signature of Applicant Date:

Mail completed form to: Suite 604, 430 Webb Place, Winnipeg, MB R3B 3J7

For further information telephone: 784-8263 or email: info@uniquelymanitoba.ca