Holiday Disbursement Program Application

Please forward this form along with **ALL NECESSARY DOCUMENTS** including a copy of **YOUR PHOTO ID** to: **CHRISTMAS@CLFNS.COM PRIOR TO JANUARY 31, 2026.**

APPLICATIONS WILL RECEIVE A CONFIRMATION AS PROCESSED

Applications **MUST BE RECEIVED BY DECEMBER 1ST, 2025** in order to get your **DIRECT DEPOSIT** prior to Christmas. Anything received after December 1st, 2025 will be processed in the new year.

PART 1: REQUEST FOR HOLIDAY DISBURSEMENT PROGRAM

I make this application for the Cold Lake First Nations Holiday Disbursement Program on behalf of:
(initial the applicable box)

☐ **Myself** ☐ **Myself and My Child(ren)** ☐ **My Child(ren)**

PART 2: INFORMATION PLEASE PRINT CLEARLY IF COMPLETING BY HAND

Last Name:	First Name:	Maiden Name:
Status Number: **464**	Date of Birth:	Email:
Mailing Address:		
ADDRESS	APT # / CITY / PROVINCE / POSTAL CODE	
Work Phone:	Home Phone:	Cell Phone:

☐ **I HAVE PREVIOUSLY PROVIDED MY DIRECT DEPOSIT INFORMATION**

☐ **AM PROVIDING MY NEW DIRECT DEPOSIT INFORMATION**

FINANCE OFFICE USE ONLY

_____

PART 3: APPLICANT STATEMENT

I, _____ , am a

☐ status Indian registered with the Cold Lake First Nations, or

☐ not status Indian registered with the Cold Lake First Nations and make this application on behalf of my child(ren) or persons that I have legal guardianship over. I hereby confirm that the information I have provided in and with this document is true and correct to the best of my knowledge and belief. I consent to the collection, retention and disclosure of the personal information herein.

Signature _____ Date _____

PART 4: CHILDREN'S INFO

Please list **ALL CHILDREN WHO ARE IN YOUR CUSTODY AND CARE,** only status Indians registered with CLFN will receive payment through the Holiday Disbursement Program.

TOTAL number of children registered with CLFN **(under the age of 18 yrs)** _____

CLFN CHILD WELFARE DESIGNATE PROVIDES A LIST OF CHILDREN IN CARE TO CLFN FINANCE. PAYMENTS FOR CHILDREN IN CARE WILL BE ISSUED TO THE APPROPRIATE DEPARTMENT ON BEHALF OF THE CHILD

CHILD(REN) PERSONAL INFORMATION

Full Name: Date of Birth: DD/MM/YYYY Status Number: **464**	Full Name: Date of Birth: DD/MM/YYYY Status Number: **464**
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Please fill out a **SEPARATE FORM FOR EACH PARENT** and **ONE** parent will fill out a form for their child(ren).

ANY PERSON WHO IS ENTITLED TO THE CLFN 2025 HOLIDAY DISBURSEMENT PROGRAM, WHO DOES NOT SUBMIT AN APPLICATION BY JANUARY 31, 2026 SHALL BE FORFEITED WITH NO EXCEPTIONS