

COUNCIL OF YUKON FIRST NATIONS

Gladue Writer Training Application



1) APPLICANT INFORMATION									
Last Name			First			Date			
Street Address					Apartment/Unit #				
City			Province			Area Cod			
Phone			E-mail Address						
Are you a Yukon First Nation?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, please specify:				
Have you ever written a Gladue Report			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
2) RECENT EDUCATION									
College									
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
University									
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
3) PLEASE DESCRIBE YOUR INTEREST IN PARTICIPATING IN THE GLADUE WRITER TRAINING									
4) PLEASE PROVIDE A 5-7 PAGE WRITING SAMPLE									