



Elder and Youth Indigenous Languages Video Contest

APPLICATION & QUESTIONNAIRE

Date Submitted	
Community	
Indigenous Language	
Elder Name	
Elder Age	
Contact Information	Phone: _____ Email: _____
Youth Name	
Youth Age	
If under 19, Parent's Name	
Parent's Signature	
Contact Information	Phone: _____ Email: _____

1. Why are you interested in making a video about your language?	
2. What does using your language mean to you and your family?	
What is your experience with your Indigenous language? Are you a language speaker? Learner?	

Please email your completed application, release waivers for each person in the video, along with your video or video link to indigenous_languages@gov.nt.ca by February 14, 2019 at midnight.