APPLICATION TO ATTEND THE SIXTIES SCOOP WESTERN CANADIAN GATHERING



Sixties Scoop Indigenous Society of Alberta (SSISA) is a non-profit society formed to represent survivors in Alberta. Board members are representatives of all Indigenous sixties scoop survivors.

Our mission is to promote reconciliation, healing, education & advocacy of survivors & their families through the inclusion of all Indigenous people by lobbying so the actions of the 60's scoop never happens again.

We would love for you to join us at our Sixties Scoop Western Canadian Gathering that will be held May 6- 10 at Manitou Springs, Saskatchewan.

The gathering will be an opportunity for healing, education and reconciliation of survivors. A time for us to share our stories in safe environment, to learn about our culture, heal and develop a support group with other survivors.

Application deadline is April 5, 2019. Our selection committee will be contacting all approved applicants with an even attendance from BC, AB, SK, MB, NWT and YK.

Please contact us if you have any questions.

<u>coordinator@ssisa.ca</u> 780-250-8950 www.ssisa.ca

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2019 SIXTIES SCOOP WESTERN CANADIAN GATHERING

Manitou Springs, Saskatchewan May 6- 10, 2019

Application to Attend the Sixties Scoop Western Canadian Gathering
Application Deadline: Friday, April 5,2019
Please fill out and email to: <u>coordinator@ssisa.ca</u> Please call if you have questions: 780-250-8950
Legal Name:
Birth Name:
Address:
Nation/Settlement/Land Claim Group:
Phone: Email:
The following information will remain confidential and will only be shared with our selection committee. Please feel free to contact us if you have any questions.
Were you made a permanent ward: Yes No
Were you adopted: Yes No
Were you adopted more than once? Yes No
Have you reconnected with your birth family? Yes No
Are you still trying to locate your birth family? Yes No

What type of workshops would you be interested in?

- □ Hand drum making
- □ Rattle making
- □ Beading
- □ Moccasin making
- □ Mask making
- □ Jigging
- □ Dreamcatchers
- □ Throat singing
- □ Medicine bags
- □ Storytelling

What other workshops would interest you?

Please use this page to tell us your story and why you think you benefit from attending the gathering. Please feel free to use as many pages as you need. Do not forget to sign your application once completed.

Signature: _____ Date: _____