



**Inuit Nunaat Fund**

## **Inuit Self-Determination Fellowship Nomination Form**

This is the nomination form to nominate an individual to the Inuit Self-Determination Fellowship. You may nominate family members, but the support letter from a trusted individual must not be from an immediate relative to you or the nominee (immediate relatives include spouses, parents, siblings, grandparents, aunts, uncles, and first cousins).

For more information about the Fellowship or the Inuit Nunaat Fund, visit our website at [www.inuitnunaatfund.org](http://www.inuitnunaatfund.org) or email us at [fellowship@inuitnunaatfund.org](mailto:fellowship@inuitnunaatfund.org).

Details needed to fill in this form:

- personal information of nominator and nominee
- nominee passport information or willingness to apply for one
- why you are nominating the individual

A complete submission includes:

- an application form or nomination form,
- a support letter from a trusted person, not related to the applicant/nominee, and
- a support letter from the applicant/nominee's community or from a local organization.

Please email application/nomination forms and support letters to [fellowship@inuitnunaatfund.org](mailto:fellowship@inuitnunaatfund.org).

To qualify for the Inuit Self-Determination Fellowship, you must:

- Apply as, or nominate, an individual:
  - Fill out an application or nomination form
  - Provide a support letter from a trusted person not related to you/the nominee
  - Provide a support letter from your/the nominee's community or a local organization
- Be 18 years of age or older
- Be a resident of Kalaallit Nunaat (Greenland), Denmark, Canada, or the U.S.A.
- Be an Inuk with family and cultural roots in Inuit Nunaat
  - *'Inuk' (singular) and 'Inuit' (plural) are inclusive terms for Kalaallit, Inuvit, Inivit, livi, Inughuit, Inuit, Inuinait, Inuvialuit, Inupiat, Yupit, Sugpiat, Unangan, Cup'it, and other names Inuit have for themselves throughout Inuit Nunaat*
- Be actively reclaiming, revitalizing, celebrating or otherwise advancing Inuit culture and self-determination
- Be able and willing to participate in the Fellowship program over 18 months, including international travel, regular online meetings, and a self-chosen and directed project

## Section A

*Information about you, the nominator.*

|                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Age</b>                                                                                                                                                               |
| <b>Address</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                          |
| <b>Gender optional</b><br><input type="checkbox"/> Non-Binary<br><input type="checkbox"/> Woman<br><input type="checkbox"/> Man<br><input type="checkbox"/> Other:                                                                                                                                                                                                                                                                            | <b>Pronouns optional</b><br><input type="checkbox"/> they/them<br><input type="checkbox"/> she/her<br><input type="checkbox"/> he/him<br><input type="checkbox"/> Other: |
| <b>Email</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Phone</b>                                                                                                                                                             |
| <b>Relationship to nominee</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                          |
| <b>I confirm</b><br><input type="checkbox"/> the nominee is aware I am nominating them to this Fellowship program, and<br><br><input type="checkbox"/> the nominee can and wants to commit to this 18 month-long Fellowship program, which will include multiple online meetings, international travel to multiple in-person gatherings, and a self-chosen and directed project.                                                              |                                                                                                                                                                          |
| <p><b>If needed</b>, are you able and willing to assist the nominee in different ways throughout the Fellowship program? For example, helping to send required documents, helping to apply for a passport or criminal record check, helping to set up for online meetings, etc.</p> <p>This is not a requirement, but INF would like to know if you may be able to assist.</p><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                                                                                                                                                          |

## Section B

*Information about the person you are nominating.*

*Please share how the nominee wishes to be known. Fill in with their preferred information as any required official legal information will be collected later from legal identification documents.*

|                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Name</b>                                                                                                                                                        | <b>Date of Birth</b>                                                                                                                                                                                                                                                                                      |
| <b>Address</b>                                                                                                                                                     |                                                                                                                                                                                                                                                                                                           |
| <b>Gender optional</b><br><input type="checkbox"/> Non-Binary<br><input type="checkbox"/> Woman<br><input type="checkbox"/> Man<br><input type="checkbox"/> Other: | <b>Pronouns optional</b><br><input type="checkbox"/> they/them<br><input type="checkbox"/> she/her<br><input type="checkbox"/> he/him<br><input type="checkbox"/> Other:                                                                                                                                  |
| <b>Email</b>                                                                                                                                                       | <b>Phone</b>                                                                                                                                                                                                                                                                                              |
| <b>Do they have a passport?</b><br><br><input type="checkbox"/> Yes, expiry date:<br><input type="checkbox"/> No                                                   | <b>If they <u>do not</u> have a passport, are they willing to apply for one?</b><br><br><i>Contact <a href="mailto:fellowsihp@inuitnunaatfund.org">fellowsihp@inuitnunaatfund.org</a> for country specific requirements.</i><br><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No, because: |

## Section C

Please share your nominee's Inuit identity through one of the following:

| Alaska, U.S.A                                                                                                                                                                                                                   | Inuit Nunangat, Canada                                                                                                                                                                                                                                                                                     | Kalaallit Nunaat (Greenland)                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> They are enrolled with an Inuit Alaska Native Tribe.<br><br>Home community:<br><br>Tribe:                                                                                                              | They are registered with an Inuit Nunangat land claim agreement organization:<br><br><input type="checkbox"/> Inuvialuit Regional Corporation<br><input type="checkbox"/> Nunavut Tunngavik Inc.<br><input type="checkbox"/> Makivvik<br><input type="checkbox"/> Nunatsiavut Government<br><br>Community: | <input type="checkbox"/> They are Indigenous to Kalaallit Nunaat:<br><br>Home settlement/city:<br><br>Current settlement/city (if different from above): |
| <input type="checkbox"/> They are not enrolled with an Inuit Alaska Native tribe, but have direct family ties to Inuit and roots in an Inuit community in Alaska.<br><br>Family name(s):<br><br>Relationship:<br><br>Community: | <input type="checkbox"/> They are not registered with an Inuit Nunangat organization but have direct family ties to Inuit and roots in an Inuit community in Canada.<br><br>Family name(s):<br><br>Relationship:<br><br>Community:                                                                         |                                                                                                                                                          |
| <input type="checkbox"/> I do not see them represented in any of the options above.<br><br>Please share here how they identify as Inuk:                                                                                         |                                                                                                                                                                                                                                                                                                            |                                                                                                                                                          |

## **Section D**

*Questions about your interest in nominating the individual to this Fellowship*

- 1. Why are you nominating this person to the Inuit Self-Determination Fellowship? How do they reclaim, revitalize, celebrate or otherwise advance Inuit culture and self-determination?**

- 2. How would this Fellowship help them continue the work they do for Inuit culture and self-determination?**

**3. Which category of the Fellowship does the nominee's work most connect to?**

*These categories are flexible and holistic, and are only guidelines to help people see where their work might land. Fellows will decide for themselves which category their work should be in.*

- ☐ Sila - The weather, outside, the universe, wisdom

Geared towards those working with the land, the sea, the air, and for the health of, and relationships between, all living beings. Sila means 'the weather, outside, the universe, wisdom'.

- ☐ Inuusivut - Our lives

For those championing Inuit rights, family and child well-being, education, healthcare, political self-governance, self-determination and quality of life.

- ☐ Iliqqusivut - Our culture

Encompasses reclamation and celebration of our lives, languages, and heritage, directly or through other ways of uplifting our connections and ways of being.

**4. Is there any other information about the nominee or considerations you would like to share as part of your nomination?**

Nominator Name:

Date:

Nominator Signature: