



Listuguj
MI'GMAQ GOVERNMENT



Mentor Apprentice Language Learning Program Application 2025

Please note: Applicants must apply as a team. Each pair has to fill and sign this form together.

Date of Application: _____

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|---|--|
| (Mentor) Fluent Speaker's Full Name: | (Apprentice) Learner's Full Name: |
| | |
| Date of Birth: | Date of Birth: |
| | |
| Phone Number: | Phone Number: |
| | |
| Mailing Address: | Mailing Address: |
| | |
| Email: | Email: |
| | |
| Band #: | Band #: |
| | |



Memorandum of Agreement

Please read the following key statements regarding the Mentor Apprentice Program and initial as appropriate.

- A.** We understand that participation in the Mentor Apprentice Program involves making a commitment to spend 250 hours working toward the apprentice gaining fluency in our language within a 6-month period, with the possibility of renewal of funding if progress is evident.

Please initial: Mentor (Fluent Speaker): _____ Apprentice (Learner): _____

- B.** We understand that the Mentor Apprentice is an immersion program. Our goal is to communicate in our language.

Please initial: Mentor (Fluent Speaker): _____ Apprentice (Learner): _____

- C.** We understand that Oral Proficiency Assessments are a requirement of the program, that all Apprentices will be subject to at the beginning and end point of the Mentor Apprentice Program.

Please initial: Mentor (Fluent Speaker): _____ Apprentice (Learner): _____

- D.** As the Apprentice in this program, I understand that I will be responsible from maintaining regular contact with the program coordinator during our learning period and I will be responsible for submitting weekly and/or monthly reports on the progress of the language work.

Please initial: Mentor (Fluent Speaker): _____ Apprentice (Learner): _____

- E.** We understand that it is required to submit weekly reports, monthly reports and provide samples of mentorship hours via audio, video, or site visits.

Please initial: Mentor (Fluent Speaker): _____ Apprentice (Learner): _____

Return the completed application to:

Listuguj Mi'gmaq Government

17 Riverside West, Listuguj, QC G0C 2R0

Email: Mary-Beth.Wysote@listuguj.ca