A picture containing sunburst chart

Description automatically generated**UnBQ Language Department**

**APPLICATION FOR UNBQ MENTOR-APPRENTICE PROGRAM**

**The University nuhelot’įne thaiyots’į nistameyimâkanak Blue Quills Mentor-Apprentice Program (MAP*)*** *is a way of learning a language where a fluent speaker of the language (a mentor) teaches a committed language learner (an apprentice) by doing everyday activities using only their Indigenous language. The goal of the program is to help apprentices increase their ability to understand and speak their language. Spoken language is the focus of the program and this program requires a commitment of 200 hours, within a specified timeframe. Mentors and apprentices can earn financial compensation for their time and hard work as language warriors, by submitting completed report logs and meeting with the MAP Administrator, within our MAP program deadlines.*

**To be eligible**, **applicants must be 18 years of age or older.** *Priority will be given to Indigenous applicants who are members of one of our 7 Treaty 6 communities, or are UnBQ students, and those with a demonstrated commitment to learning and sharing language with others.*

*\*****Communities:*** *onihcikiskwapiwinihk (Saddle Lake), kamiyosak kinosewak sakahikan (Goodfish Lake), amisk sakahikan (Beaver Lake), miteh sakahikan (Heart Lake), ka-tahkikamik sakahikan (Cold Lake), Kehewin, and ayikisakahikan (Frog Lake),*

**This program is open to learners of all levels**. *Mentor-Apprentice Program pairs are strongly encouraged to complete this application together.*

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| **Apprentice Information** | | | | | | | | | | | | |
| Last Name: | | | | | | First Name: | | | | | | |
| I confirm I am 18 years of age or older | | | | | | male female other | | | | | | |
| Mailing Address (include no., street, apt, no., PO box, postal code): | | | | | | | | | | | | |
| Town/Community: | | | | | | Province | | | | | | |
| Phone: | | | | | | Email: | | | | | | |
| I am First Nation Metis Inuit Status Non-status Non-Indigenous | | | | | | | | | | | | |
| **Please indicate your Indigenous Community:**  Saddle Lake Goodfish Lake  Cold Lake Heart Lake  Beaver Lake Frog Lake  Kehewin Other \_\_\_\_\_\_\_\_\_\_ | | | | | | Please indicate your indigenous language group  Dene  nehiyawewin | | | | | | |
| **What is your current Emergent** (have no language Knowledge **Intermediate** (have some language  **language level?** May know some words &phrases such as colors, knowledge. Can have simple  numbers, or greetings). conversations in the language)  **Beginner** (have a little language knowledge, **Advanced** (has extensive language  Including basic phrases. Understands more than in areas of language experience, Can  can speak). take part in daily conversations  with some ease and fluency) | | | | | | | | | | | | |
| **Have you been a**  **UNBQ MAP Apprentice before?**  yes \* If yes, what year did you partake  no or complete the program in? **20\_\_\_\_\_** | | | | | | | | | | | | |
| **Describe your involvement**  **with language related activities** None Attended language classes  Teach children basic Participated in community language programs  Indigenous language/ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  linguistic programs | | | | | | | | | | | | |
| **What is your relationship to**  **your mentor** (if mentor known now)  Relative Community member  Friend Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Colleague | | | | | | | | | | | | |
| ***Describe your language learning goals.*** *(language goal can be related to topics you would like to learn about, e.g., introducing yourself and having conversation in the language, getting your children dressed using your language, or based on feelings, e.g., feeling more connected to your relatives, feeling more confident speaking your language, etc.)* | | | | | | | | | | | | |
| ***List the topics or areas of interest that you will focus on during this program***. *(e.g.,. Daily household activities, salutations and greetings, common expressions and commands, or learning language on the land, etc.)* | | | | | | | | | | | | |
| **Program Outline** | | | | | | | | | | | | |
| ***Over the course of the program, you will be working towards completing 200 hours of language immersion time.*** *Please consider how you would plan your learning sessions for a typical week. Fill in the approximate number of hours per day and weekly total your Mentor-Apprentice Program pair would complete. You should complete approximately 7-8 hours of language immersion each week. For example: Sunday 3 hours, Wednesday 1.5 hours, Friday 2.5 hours for a total of 7 hours. Apprentices should also have additional, separate study time & session prep time.* | | | | | | | | | | | | |
|  | Sunday | | Monday | Tuesday | Wednesday | | | Thursday | Friday | Saturday | | Weekly Total |
| Week 1 |  | |  |  |  | | |  |  |  | |  |
| ***Describe how your Mentor-Apprentice Program pair will work together to complete your language immersion hours*.** (e.g.,. Cook and eat meals together, listen to Elder stories, look at photo albums together, practice traditional activities like fileting fish together, etc.) | | | | | | | | | | | | |
| ***How will your Mentor-Apprentice Program pair balance your home, work, and community responsibilities with your Mentor-Apprentice-Program language learning*** (keeping in mind that you will need to spend 5-7 hours together a week and apprentices require additional study/prep time) | | | | | | | | | | | | |
| **Secondary and / or Emergency Contact** | | | | | | | | | | | | |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| **Orientation** | | | | | | | | | | | | |
| A mandatory orientation will be held for Mentor-Apprentice Program participants/pairs. To participate in the program, both the mentor and the apprentice must attend orientation. The Orientation date(s) will be announced once MAP mentors and apprentices have been selected. | | | | | | | | | | | | |
| **Declaration and Consent** | | | | | | | | | | | | |
| I /we certify that the information I have provided is true and accurate.  I/we understand that if we are accepted into the program, our names and images may be used to raise  awareness of the program objectives, and that we will be expected, if able, to participate in events to  achieve these objectives. We agree to these terms  I/we understand that our information is being collected under the authority of the Access to Information  Protection of Privacy (ATIPP), Section 40 (1)(c), and will be used to determine our eligibility for the  Mentor-Apprentice Program and for the general administration and enforcement of this program. The  privacy provisions of the ATIPP Act protect my information. If you have any questions about the  collection of this information, contact UnBQ MAP Project Assistant and /or UnBQ University Dean  of Indigenous Languages, at (780)645-4455.  **X** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Apprentice Signature (yyyy/mm/dd)  **X** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mentor Signature *(yyyy/mm/dd)* | | | | | | | | | | | | |
| **Application Checklist** | | | | | | | | | | | | |
| ***Please ensure you include the following documents to be considered for the Mentor-Apprentice Program****.* If you need help with completing your application or any of the supporting documentation, please contact the Mentor-Apprentice Project Assistant at [karenl@bluequills.ca](mailto:karenl@bluequills.ca)  Mentor-Apprentice Program Application Form  Letter or video of intent from the apprentice (your letter or video should clearly outline your  commitment to your language and interest in the program. Include why you want to learn your  language, why you think the Mentor-Apprentice Program will work for you, how you plan to balance  your work/home life commitments with your Mentor-Apprentice Program commitments and specific  intent to share/pass on the language). | | | | | | | | | | | | |
| **Submit your Application** | | | | | | | | | | | | |
| ***Please complete this form & send it and your supporting documentation****, by the August 15, 2025 deadline to:*  **Email**: [karenl@bluequills.ca](mailto:karenl@bluequills.ca)  **Mail:** Box 279, St. Paul, AB T0A 3A0, Canada **Onsite Location:** Airport Rd N, St. Paul, AB T0A 3A0, Canada | | | | | | | | | | | | |
| **Mentor Information** | | | | | | | | | | | | |
| Last Name: | | | | | | First Name: | | | | | | |
| |  |  | | --- | --- | | Birthdate: | male female | | | | | | | | | | | | | |
| Mailing Address (include no, street, apt, no., PO box, postal code) | | | | | | | | | | | | |
| Town/Community: | | | | | | Province: | | | | | | |
| Phone: | | | | | | Email: | | | | | | |
| **I am** First Nation Metis Inuit Status Non-status Non-Indigenous | | | | | | | | | | | | |
| |  |  | | --- | --- | | Please indicate your Indigenous Community:  Saddle Lake Goodfish Lake  Cold Lake Heart Lake  Beaver Lake Frog Lake  Kehewin Other \_\_\_\_\_\_\_ | Please indicate your indigenous language group  Dene  nehiyawewin | | | | | | | | | | | | | |
| **Mentor Language Experience** | | | | | | | | | | | | |
| What is your fluency level?  (Check all that apply) **Intermediate** (have some language knowledge.  Can have simple conversations in the language) Speak  **Advanced** (have extensive language knowledge  in areas of language experience. Can take part in Read  (phonetically  or SRO)  Daily conversations with some ease and fluency).  **Fluent**  (have the ability to express any idea without Write  With good vocabulary and grammar). (phonetically or SRO) | | | | | | | | | | | | |
| Have you been a  Mentor-Apprentice Program yes If yes, what year did you partake  Mentor before? no or complete the program in? **20\_\_\_\_\_** | | | | | | | | | | | | |
| What is your current employed Full-time Post –secondary Student Full-time Employment status? Employed Part-time Post-secondary Student Part-time  Stay-at-home-parent Retired  Currently not –employed Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| Describe your involvement None Attended language classes  with language related activities Teach children basic Participated in community language programs  Indigenous language/ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  linguistic programs | | | | | | | | | | | | |
| Provide details on your involvement with language teaching and learning, if any. | | | | | | | | | | | | |
| **Secondary and / or Emergency Contact** | | | | | | | | | | | | |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| ADMINISTRATION USE ONLY | | | | | | | | | | | | |
| Application Item  Check-list | | Date  Received | | Missing  Items | | | Completed  Items | | Date  Screened/  Processed | | Comments | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Apprentice Application | |  | |  | | |  | |  | |  | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mentor Application | |  | |  | | |  | |  | |  | |
| Apprentice  Letter or Video  Of Intent | |  | |  | | |  | |  | |  | |

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| ADMINISTRATION USE ONLY  Orientation  (if application is successful for placement in this year’s UNBQ MAP Program) | | | | |
| Orientation Date: | | | | |
| Orientation  Check-list Items | Introduced | Discussed | Practiced/  Submitted | Signed off  Initials & Date |
| UNBQ Language  Self-assessment  (Apprentice Survey) |  |  |  |  |
| Language Learning Assessment Tool  -Beginners |  |  |  |  |
| My MAP Language Plan Worksheet |  |  |  |  |
| MAP Session Planner |  |  |  |  |
| Stay in the Language Phrases |  |  |  |  |
| Welcome to MAP  Form |  |  |  |  |
| Biweekly Reporting  & Deadlines |  |  |  |  |
| Financial Reporting  & Deadlines |  |  |  |  |
| Team Agreement |  |  |  |  |
|  |  |  |  |  |