TEMAGAMI FIRST NATION ENRICHMENT FUNDS APPLICATION FORM FOR TUTORING

Personal Information:

Name:	Status Numbe	r:
Address:	Birth Date:	
City:	Phone No.	()
Postal Code:	Fax No.	()
Services already accessed :		
What is being requested:		
If equipment is requested indicate particular	ılars:	
Needs to be addressed:		
Tutor Sessional rate: Estin	mated # of sessions/week a	nd or month
Start Date:	Completion Date:_	
Tutor:	School	
Phone:	Teacher:	
Address	Phone:	()
City	Fax:	()
Postal Code	City	
Release:		
By signing below, I give permission for above to discuss my (or my child's) eligi	•	contact the person listed
Agreement:		
By signing below, I agree that if I (or my tutoring plan, I will return the funds prov		· •
Signature	Date	
Please attach necessary documentation as Director.	s identified by the Temagar	mi First Nation Education