

TEMAGAMI FIRST NATION ENRICHMENT FUNDS
ARTS & CULTURE PROGRAM
APPLICATION FORM

DATE: _____

Personal Information

Name:		Band Number	
Mailing Address:	City/Town	Prov.	Postal Code
Date of Birth:	Age:	Telephone:	
Email:		Cell Number:	

Description of Activity

Amount Requested

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Breakdown of Costs (please list any other funding sources – Your contribution)

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Demonstrated Dedication to Activity: (Attach another sheet if necessary)

Description of your relationship to Temagami First Nation and Bear Island

(This is asked in the spirit of wanting to know our TFN membership and also to increase your awareness of your connection to Bear Island)

I certify that all the information provided in this application is true and correct.

If under the age of 18 a parent/guardian's signature is also required.

By signing below, I agree that if I (or my child) do not complete the above listed activity, I will return the funds paid on my behalf to Temagami First Nation Enrichment Funds.

Signature of Applicant

Signature of Parent/Guardian

Date

(Please print name)