

TEMAGAMI FIRST NATION ENRICHMENT FUNDS
ARTS & CULTURE PROGRAM
Successful Funding Recipients Activity Report

DATE: _____

Personal Information

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

Explain the knowledge & skill you acquired

Identify any challenges and successes that you have experienced

What important lessons have you learned?

State how you actively enhanced your involvement in the Temagami First Nation Community or in the Aboriginal Community at large.

Signature of Applicant/Parent/Guardian

If child please print name here

Within 30 days, please complete Arts & Culture Activity Report and return to:

TFN Enrichment Funds Office
General Delivery
Bear Island, ON P0H 1C0
Or
Email: tfnenrichment@temagamifirstnation.ca