

# TEMAGAMI FIRST NATION ENRICHMENT FUNDS

## CHILD & YOUTH SKILLS ENHANCEMENT APPLICATION

### Personal Information

<i>Name:</i>		<i>Band Number</i>
<i>Mailing Address:</i>	<i>City/Town</i>	<i>Postal Code</i>
<i>Date of Birth:</i>	<i>Age:</i>	<i>Telephone:</i>
<i>Email:</i>		<i>Cell Phone:</i>

### Activity Description & Contact Information:

*Activity/Course Information: (Attach relevant documentation)*

Registration Fees: \_\_\_\_\_

Description of Activity or Course: \_\_\_\_\_

Cost of Activity or Course: \_\_\_\_\_

Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

*Activity/Course Contact Information:*

Offered By: \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_

***Demonstration of Dedication to Activity & Evidence of involvement and contribution to Temagami First Nation or community at large:*** (Attach another sheet if necessary)

NOTE: Please refer to Activity Travel Claim for travel requests

**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)

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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 my child (ren) do not complete the above listed activity, I will return the funds paid on my behalf to Temagami First Nation Enrichment Funds.

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*Signature of Applicant*

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*Signature of Parent/Guardian*

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*(Please print name)*

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*Date*