

# TEMAGAMI FIRST NATION ENRICHMENT FUNDS

## ADULT SKILLS ENHANCEMENT APPLICATION

### **Personal Information:**

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Name: \_\_\_\_\_ Status Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
City & P.C.: \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_  
Email: \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_

### **Activity/Course Information:**

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Description of Activity or Course: \_\_\_\_\_  
Cost of Activity or Course: \_\_\_\_\_  
Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

### **Activity/Course Contact Information:**

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

### **Release:**

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By signing below, I give permission for Temagami First Nation to contact the person listed above to verify my participation in the activity or course described.

### **Agreement:**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date