

# TEMAGAMI FIRST NATION ENRICHMENT FUNDS

## CHILD & YOUTH SKILLS ENHANCEMENT APPLICATION

### Personal Information

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

### 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.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*(Please print name)*

\_\_\_\_\_  
*Date*