

Date: _____
Education Advisory Committee
Capacity Department
Carcross/Tagish First Nation
Box 130 Carcross, YT Y0B1B0



**CARCROSS/TAGISH
FIRST NATION**

Capacity Development

RE: Letter of Support

Dear Education Advisory Committee,

Please accept this letter of support for _____ who is a
C/TFN Citizen/Beneficiary applying to Capacity Development for education/training funding.

My name is _____, I work in healthcare or education in
the role of: _____ for the company/organization:
_____.

I am writing to confirm that, to the best of my knowledge, the child/elder/person
_____ is under the direct care of the funding applicant
and is living in their household as a dependent.

If you have any further questions, please do not hesitate to contact me using the contact
information provided below:

Phone number: _____

Email: _____

Respectfully,

(Signature)