

CARCROSS / TAGISH FIRST NATION



Education Programs & Services Coordinator
Box 130
Carcross, Yukon Y0B 1B0
Ph. (867)332-1319
Fax (867)821-4802



Application for Extracurricular Funding

STUDENT INFORMATION

Name: _____

Date of Birth: _____

Registry Number: _____

Proof of Activity to be funded: Yes () No ()

Reason for application:

Parent/Guardian: _____

Phone Number: _____

Mail Address: _____

Signature of Parent/Guardian

Date

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To: Finance Department, CTFN
From: EPSC, Capacity Development
Date: September 20__-June 20__

Re: Reimbursement of Extracurricular Funding (policy # CD-0260)

Name of Student: _____

Name of School: _____

Grade: _____

Parent/Guardian: _____

Telephone Number: _____

Address: _____

I acknowledge that in the case my son/daughter drops out of school, I am required to reimburse CTFN the full amount within the end of the semester in which they have dropped out. I will provide this money (\$200.00) to the CTFN Finance Department.

Parent/Guardian Signature

Date

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