



TEMAGAMI FIRST NATION

BEAR ISLAND,
LAKE TEMAGAMI, ONTARIO P0H 1C0
TEL 1.888.737.9884 | 705-237-8943
FAX 705.237.8959

TUTORING APPLICATION

Personal Information:

Name:			Band Number
Mailing Address:	City/Town	Prov.	Date of Birth:
Email:			Telephone:

Tutor Contact Information:

Name:			Telephone:
Mailing Address:	City/Town	Prov.	Postal Code
Email:			

Course/Class require tutoring: _____

Tutor Sessional Rate per hour: _____ Estimated # of sessions/week and/or month: _____

Start date: _____ Completion Date: _____

By Signing below, I give permission for Temagami First Nation to contact the person listed above to discuss my/child's eligibility.

**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.**

Signature of Applicant

Signature of Parent/Guardian

(Please print name)

Date

Mail this form and original receipts to:

TEMAGAMI FIRST NATION
C/O EDUCATION MANAGER
55 WA-WA-TE AVE
BEAR ISLAND, ON
P0H 1C0