



# TEMAGAMI FIRST NATION

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

## COMPUTER APPLICATION

### **Personal Information:**

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

### **Educational Institute Information:**

School:			Telephone:
Mailing Address:	City/Town	Prov.	Postal Code:
Course: (Post Sec Only)	Grade/Year:	Course Length:	

Please provide the detail of why you need a computer and how it will benefit your education.  
(Attach another sheet if necessary)


**By Signing Below, I give permission for Temagami First Nation to contact the Educational Institute listed above to verify enrolment.**

**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*

### **Application Checklist:**

- Written Estimate*
- Proof of full-time schooling ex. Timetable, acceptance letter, etc.*
- Computer Agreement*