



P.O. Box 338
Temagami, ON P0H 2H0
Telephone 705-569-3737
Email: info@temagamicommunityfoundation.com

Student Grant Application Form

Name of Applicant:

Address of Applicant:

Telephone Number:

E-mail Address:

Attach Copies of:

- a) Letter of reference from teacher, employer, or volunteer supervisor
- b) Proof of admittance to post-secondary program
- c) Demonstrate community service beyond the required 40 hours (High School requirement)

What program are you enrolled in?

Please attach short paragraph responses to the following:

- a) Tell us about your educational aspirations?
- b) Please outline any extra-curricular activities you are involved in?
- c) How are you involved with the community of Temagami?

Duration of Studies:

Is there any additional information you would like to inform us about?

FOR OFFICE USE ONLY

Date Received: _____ Amount Approved: _____

Date Approved: _____ Cheque Number: _____