

**COQUILLE INDIAN TRIBE
EDUCATION DEPARTMENT
PO BOX 783
NORTH BEND, OREGON 97459**

APPLICATION FOR YOUTH FUNDING

NAME: _____

Address: _____

Telephone: () _____ email: _____

FAX: _____

Attach descriptions of event on the business or *fill out the following.*

Date event(s): _____

Course Title(s): _____

Name of business and address supplying services:

Telephone: _____ FAX _____

PROGRAM INTEREST:

Sports: _____

Music: _____

Band Instrument rental: _____

School Field Trip: _____

School related fees: _____

Tuition: _____

I certify that the information on this form is true and correct to the best of my knowledge.

Applicant or guardian's signature

date