

# 2011-2012 Skills Link Program

First Nations Education Council



## Application Form

**Community:** \_\_\_\_\_

**Ressource person:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Youth's name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

### Project description

Describe how your project will allow youth to gain relevant work experience in ICT and how you will assist the youth chosen for this internship project.

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### Budget

Period covered: **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

Salary paid: \_\_\_\_\_

20% benefits: \_\_\_\_\_

Daycare expenses: \_\_\_\_\_

Internet allocation: \_\_\_\_\_ \$200

**Total :** \_\_\_\_\_

Please return this Form by fax or email before February 3, 2012.

**Email:** [ebastien@cepn-fnec.com](mailto:ebastien@cepn-fnec.com) **Fax:** (418) 842-9988