



Early Investment in Education and Skills

Support for Continuing Skills Development

Applicant Information

Name:	
Address:	
Phone:	Email:

Continuing Skills Development

Program:
Location:
Dates Program offered:
Transportation required:
Cost:

Details of program:

Signature _____ Date _____

Applications received will be reviewed for approval. Program funding is limited. Approval of applications is conditional on receiving a certificate or proof of completion.

Contact Information:
Kelly Lush, Township of Huron-Kinloss
klush@huronkinloss.com 519-395-3735

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Pre-approval date:	Certificate of Completion Received:
Submitted for payment date:	

Authorized Signature _____