



Connecting for Success



Aboriginal Education Advisory Committee

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Please complete and return to

Aboriginal Education Advisory Committee  
c/o Superintendent of Education  
Lakehead District School Board  
2135 Sills Street  
Thunder Bay, ON P7E 5T2

Date \_\_\_\_\_

**Community Agency/Group Applicant**

Name of Community Agency/Group Applicant \_\_\_\_\_

Executive Officer (with whom we correspond) \_\_\_\_\_

Position \_\_\_\_\_

Address (where we correspond) \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone (Work) \_\_\_\_\_ Email (Work) \_\_\_\_\_

**Applicant Representative**

Applicant Representative of Community Agency/Group \_\_\_\_\_

Address (if Different than above) \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ Telephone (Work) \_\_\_\_\_

Title/Position \_\_\_\_\_

Email \_\_\_\_\_