



Application for Youth Funding
Coquille Indian Tribe
Education Department
3050 Tremont St. North Bend, OR. 97459

NAME: _____

Address: _____

Telephone: () _____ email: _____

FAX: _____

Please 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
