Request for Subsidy Form

Council on African Canadian Education
Africentric Leadership & Management
Summer Institute 2007

***APPLICATION DEADLINE: JUNE 15TH, 2007**

Name of Participant: _____

Address: _____

_____

Telephone Number: _____ E-mail: _____

Employer: _____ Job Title: _____

Reason for Subsidy: _____

Date: _____ Signature: _____

*** All Requests must be submitted by fax to: 902-424-0874 by June 8th, 2007**