



# 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:
Do you require Transportation assistance:
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](mailto:klush@huronkinloss.com) 519-395-3735

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For Internal use only

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

Authorized Signature \_\_\_\_\_