Mamalilikulla First Nation

#168-1436 Island Highway, Campbell River BC V9W 8C9

(ph) 250-287-2955 (fax) 250-287-4655 toll free 1-888-287-2955 admin@mamalilikulla.ca

POST SECONDARY CONTRACT

Upon approval of my application I,	
Agree to fulfill the following conditions:	
 I will attend all classes I will do all assignments required I will complete the training period I will give my best effort 	
I fully understand that if I do not keep the conditions above, I am obligated to reimburse the Mamalilikulla First Nation for costs incurred on my behalf.	
The Mamalilikulla First Nation agrees to pay tra- living allowance (if applicable) provided that all sufficiently completed.	•
On behalf of the Mamalilikulla First Nation	Date
Applicant Signature	 Date
Witness Signature	Date