

KIJIK BENEFITS SETTLEMENT TRUST
REQUEST FOR TRUST FUNDS

Name: _____

Date: _____

Address: _____

Phone#: (____) _____

Name of: _____
(Vocational School, Training Program, Group or Agency)

Address: _____

Phone#: (____) _____

1. **What are the funds for?**

2. **Dates of program?**

3. **Cost or Fee for Training Program?**

4. **How will this benefit you?**

5. **What is the purpose of the funds?**

Attach a letter of Acceptance into the Training Program.
Date of Completion: _____

Signature: _____

Date: _____