



**Native
Education
College**

Where Learners Become Leaders

Community Partnership Form

Organization Name: _____

Organization Type: First Nation Non-Profit Business Govt Other: _____

Address: _____

City/Town: _____ Prov: _____ Postal Code: _____

Website: _____

Primary Contact: _____ Title: _____

Phone: _____ Email: _____

Which program are you interested in? _____

What are your training needs? _____

Do you have funding in place? Yes No

Do you have a date and timeline? _____

Do you already have students? Yes No

Any additional info or questions? _____

