

# Wasausink Lands Inc.

## Drivers Course Application

Wasausink Lands Inc., Drivers Course Program is to assist Wasauksing First Nation registered band member between the ages of 16 to 25 the opportunity to enhance their driving skills with an accredited Driving School Program.

WLI will assist with maximum amount of \$500.00 to a WFN member who fulfills the required criteria.

<p><b><u>Personal Information</u></b></p> <p>Name: _____</p> <p>Mailing Address: _____</p> <p>Email Address: _____</p> <p>Phone: _____ Cell: _____</p> <p><b><u>Information of Driving School Program</u></b></p> <p>Company Name: _____</p> <p>Contact Person: _____</p> <p>Mailing Address: _____</p> <p>Email Address: _____</p> <p>Phone: _____ Fax: _____</p>	<p><b><u>Application Checklist</u></b></p> <p><input type="checkbox"/> <b>Copy of Status Card</b>-clear copy of both sides</p> <p><input type="checkbox"/> <b>Copy Invoice/Pre-registration</b>-with an accredited Drivers Course Program</p> <p><input type="checkbox"/> <b>Copy of current Driver's License</b></p> <p><input type="checkbox"/> <b>Application Form</b>-fully completed</p> <p><b>Send package to:</b> Wasausink Lands Inc. PO Box 238 Parry Sound, ON P2A 2W8</p>
--	--

**Application Questions-** Please circle yes or no to the following questions.

- |   |   |   |
|---|---|---|
| 1. Is this your first Drivers License                         | Y | N |
| 2. Have you ever been charged with Drinking and Driving       | Y | N |
| 3. Have you ever been charged with a criminal driving offense | Y | N |
| 4. Are you between the ages of 16-25                          | Y | N |

### **Declaration**

I certify that all of the information supplied by me on this application and other documents is true and complete. I understand that any false information given in this application and in any accompanying documents may result in rejection for the WLI Drivers Course Program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date