

# IODE Children's Activity Grant

## APPLICATION FORM

### SECTION 1: APPLICANT INFORMATION

Childs Name: \_\_\_\_\_ Birth Date (yyyy/mm/dd): \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: \_\_ M \_\_ F Address: \_\_\_\_\_ Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### Section 2: ADULT INFORMATION (parent/guardian)

Name: \_\_\_\_\_ Address (if different then above): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### SECTION 3: ENDORSEMENT

Organization Representative Information

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Town/ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please indicate relationship to applicant: \_\_\_\_\_

\*I certify my endorsement of the above child/youth and verify that all the information given is correct and can be substantiated\*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*If possible, please attach a letter from a community leader verifying the applicant's economic barrier to participate in the requested activity or program. \*

### SECTION 4: REQUEST FOR FUNDING

Sport or activity for which you are requesting funding: \_\_\_\_\_

Organization offering the sport or activity: \_\_\_\_\_

Program/Activity Start Date: \_\_\_\_\_ Program /Activity End Date: \_\_\_\_\_

Please indicate Fees of sport or activity: \_\_\_\_\_

Organization contact: \_\_\_\_\_ Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

( Name ) will respect the confidentiality of all applicants. All personal information is secured & protected, and will not be used for any other purpose other than reference to the funding provided.

### **\*\*FOR OFFICE USE ONLY\*\***

Application received (yy/mm/dd) \_\_\_\_/\_\_\_\_/\_\_\_\_ Follow-up complete: (Y/N) \_\_\_\_\_

First Time Funding: (Y/N) \_\_\_\_\_ Amount Approved: \_\_\_\_\_