



**APPLICATION FORM**

**TO SUBMIT THIS APPLICATION**

Please email as an attachment to [gwelch@northdundas.com](mailto:gwelch@northdundas.com) or submit your application to the Township of North Dundas office located at 636 St. Lawrence St., P.O. Box 489, Winchester, ON. K0C 2K0 or fax to (613) 744-5699, Att: Gina Welch

**SECTION 1: APPLICATION INFORMATION**

Name: \_\_\_\_\_ Birth Date (dd/mm/yy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Tel: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION 2: REQUEST FOR FUNDING**

I would like to request funding for:

Sport or Activity – Organization Name: \_\_\_\_\_

Other – Please provide details: \_\_\_\_\_

Registration Fees \_\_\_\_\_ \$ \_\_\_\_\_

Organization Contact: \_\_\_\_\_ \$ \_\_\_\_\_

Tel: ( \_\_\_\_\_ ) \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Please indicate sport or recreation activity start date: \_\_\_\_\_

Please indicate length of sport or recreation activity: \_\_\_\_\_

**SECTION 3: ENDORSEMENT**

**1) Parent/Guardian/Counsellor**

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

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

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

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

Signature of Adult: \_\_\_\_\_ Date: \_\_\_\_\_

**2) Community Leader/Professional**

Please attach a letter from a Community Leader indicating relationship to applicant and a verification of the applicant's economic barrier to participate in the requested activity or program. The Community Leader should be in a position to identify and assess the economic barriers of the applicant.

Organization: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Tel (w): ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Application Received (dd/mm/yy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Application Complete: (Y/N) \_\_\_\_\_ Accepted: (Y/N) \_\_\_\_\_

Reason: \_\_\_\_\_

First Time Funding: (Y/N) \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Allocation Period: (dd/mm/yy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Cheque# \_\_\_\_\_ Cheque Date (dd/mm/yy) : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_