



**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) : \_\_\_\_/\_\_\_\_/\_\_\_\_