



APPLICATION FORM

Intercommunity Funding application

Spring/Summer

SPORTS, CULTURE & RECREATION PROGRAMS

MISSION

The Intercommunity Funding Program provides financial assistance for youth from low-income families to help them to participate in sport, culture and recreation programs. Children under the age of 18, WHO ARE LACKING THE MONEY TO PARTICIPATE IN activities, are eligible for assistance.

GUIDELINES FOR ASSISTANCE

Complete the application form entirely. Applications **must be in before the sport, culture and recreation program that you are applying for begins** for this funding to be considered for this period. Since requests always exceed the funds available, the Intercommunity Group cannot guarantee assistance.

An adult sponsor who knows the child/family and can confirm their financial need must sign the application. The sponsor **MUST** be one of the following: child's school teacher/principal, professional in social work or family/health services, police officer, or member of the clergy.

- Youth & children under the age of 18, as of the application deadline, WHO ARE RESIDENTS OF LANGHAM, DALMENY, MARTENSVILLE, WARMAN & OSLER, are eligible for financial support.
- **Please ensure that your child is registered in the program to receive financial assistance.**
- No assistance is available for travel, food, lodging, camps, honorariums or elite training.
- Support is limited to a maximum of \$300 per participant for community programs annually.

The Intercommunity Funding Program sends the money directly to a club, league, or association on behalf of the participant.

RETURN THIS APPLICATION (Mail, Fax, OR Drop Off) TO:

**Town of Langham
c/o Brooke Burletoff
Recreation Director
Box 289
Langham, SK S0K 2L0
recreation@langham.ca
Phone: 283-4806
Fax: 283-4772 (Mark Confidential & To: Brooke Burletoff)**

OR

**Intercommunity Funding Program
c/o Intercommunity Development Group Inc.
Box 340 Warman, SK S0K 4S0
PHONE: 933-2129 FAX: 933-1987**

**-All sections of this application must be completed or the application will not be processed-
CHILD'S INFORMATION**

Name: _____ Birth date: _____

First, Last

(Day/Month/Year)

Gender (Please Circle): Male Female

Address: _____ Postal Code: _____

Parent/Guardian: (please print) _____ Telephone: _____

**** Please outline why you need financial assistance under this program. The Intercommunity Group may contact you to provide income information to confirm financial need.**

**Gross MONTHLY Household Family Income: _____ **Number of People in household: _____

PROOF OF ANNUAL HOUSEHOLD INCOME MAY BE REQUESTED AND YOUR SPONSER MAY BE CONTACTED

Signature Parent/Guardian: _____ Date: _____

ACTIVITY INFORMATION

Activity: _____ Name of Club/Association cheque is payable to: _____

Registrar/Treasurer of Association/Club: _____ Telephone: _____

Address: _____ Postal Code: _____

Registration Date: _____ Start Date _____ End Date _____

Registration/Participation Fee \$ _____

Total Requested (Maximum \$300 annually) \$ _____ (Can Not Exceed Registration Fee)

Have you received funding from this program before? NO ____ YES ____ Year's _____

Will you receive funding assistance from any other source: if yes, please explain _____

Adult Endorsement – Please Read Before Completing

Your role is critical to the productive use of the Intercommunity funds. As the endorser, you should have a good understanding of the applicant's family financial situation and their ability to pay registration fees for the above activity.

Only endorse those applicants that you know are in need.

ADULT ENDORSER MUST BE ONE OF THE FOLLOWING (Please Circle)

Child's Teacher/Principal, A Professional in Health/Social Work/Family Services, Member of the Clergy, Police Officer, Community School Coordinator, Doctor, Dentist

Sponsors Name: _____ Mailing Address _____

Sponsor's Employer _____ Telephone: _____

Mailing Address _____

Is this grant essential in order for this applicant to participate in the sport? (please circle) YES NO

I am aware of this family's current financial situation and recommend they be considered for Intercommunity Group Funding:

Signature Sponsor _____ Date: _____

*****Late or incomplete applications are not accepted and will not be funded*****