

YOUTH COMMUNITY SCHOLARSHIP FUND

HELPING YOUTH ACCESS SPORT, CULTURE, AND RECREATION FUNDING!

GRANT CRITERIA

Please carefully read the following:

- Child must be a resident of the Town of Peace River.
- Completed Program Registration must be enclosed with this application.
- Referrals cannot be from family members or friends.
- The mini-scholarship program evaluates the amount to be funded on each application up to a maximum of \$250.00 per applicant per calendar year.
- Only youth aged 17 years or younger are eligible for funding.
- Applications will be reviewed within two weeks of submission.
- Priority will be given to those applying first during the calendar year.
- The mini-scholarship program will only issue funds to recognized organizations on behalf of the individual recipient.
- The parents/guardians of the child must be informed of the application.
- Must apply prior to attending the program. Reimbursements are not eligible.
- Scholarship funding cannot be used for activities that are part of regular school instruction (for example, class field trips or swimming lessons that are apart of physical education)
- Scholarship funds may be used for activities that are extra-curricular or co-curricular. Examples include team fees for volleyball or basketball, or travel costs to attend a regional science fair.

For more information, please contact: 780-624-3204

Please return your application forms using any of the following methods:

IN PERSON

Baytex Energy Centre
Front Reception
9810 - 73 Ave
Peace River, AB

EMAIL

guestservices@peacriver.ca

MAIL

Peace River
Community Services
Box 6600
Peace River, AB
T8S 1S4

YOUTH COMMUNITY SCHOLARSHIP FUND APPLICATION FORM

HELPING YOUTH ACCESS SPORT, CULTURE, AND RECREATION FUNDING!

1. Information about child. (All information will remain confidential)

NAME: _____ PHONE: _____

AGE: _____ BIRTHDAY: (Y/MM/D) _____

ADDRESS: _____
STREET TOWN PROVINCE POSTAL CODE

EMAIL: _____

2. Adult Referral: (Referrals cannot be from a parent/family member)

NAME: _____ PHONE: _____

ADDRESS: _____
STREET TOWN PROVINCE POSTAL CODE

RELATIONSHIP TO CHILD: _____ SIGNATURE: _____

3. Registration Information for Community Based Program

(Enclose registration form as funding goes directly to the organization)

Please ensure mailing address and organization is accurate before submission!

NAME OF ORGANIZATION: _____

PROGRAM: _____ PHONE: _____

ADDRESS: _____
STREET TOWN PROVINCE POSTAL CODE

PROGRAM START DATE: _____ PROGRAM COST: _____

4. Reason for Referral: (please check the boxes)

- # of children in the family
- Single income household
- Parent/Guardian currently unemployed
- Financial hardship

Income Range:

- \$20,000 & under
- \$20,000 - \$30,000
- \$30,000 - \$40,000
- \$40,000 +