TOWN OF
PEACE RIVER
ALBERTA

youth activities

COMMUNITY SCHOLARSHIP FUND

GRANT CRITERIA

Please read the following, very carefully:

- Child must be a resident of the Town of Peace River
- Completed Program registration must be enclosed with this application.
- Referrals will be taken through applicant's employer, the program registrar of Peace River School systems (private, separate and public)
- Referrals CANNOT be from family members or friends.
- The mini-scholarships program evaluates the amount to be funded on each application up to a maximum of $100.00 per applicant per calendar year.
- Only children aged 17 years or younger are eligible for funding.
- Applications will be reviewed within two weeks.
- Priority will be given to those applying for the first time during a 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 this application.
- Must apply prior to attending the program-reimbursements are not eligible.
- Scholarship funding cannot be used for school activities which are part of the regular curriculum, such as field trips or swimming that is for physical education class. The scholarship may be used for extracurricular or co-curricular school activities that are not included in regular instruction, for example: volleyball or basketball team fees, travel to regional science fair, extra-curricular art programs, etc.

For more information please contact: 780-624-3204

Please return your application forms through either of the following methods: Mail:

Peace River Community Services
Box 6600, Peace River, AB T8S 1S4
Email: guestservices@peaceriver.ca **Or**
in person:
9810 - 73 Avenue, Peace River
Baytex Energy Centre Reception

Community Scholarship Application Form

1) Information about the child: (all information will remain confidential)

NAME: _____   PHONE: _____

AGE: _____   BIRTHDATE: _____/_____/_____
                              Y   M   D

ADDRESS: _____
                    STREET   TOWN   PROVINCE   POSTAL CODE

PARENT/GUARDIAN: _____   SIGNATURE: _____

2) Adult Referral: (Referrals CANNOT be a parent/family member or friend)

NAME: _____   PHONE: _____

ADDRESS: _____
                                                    POSTAL CODE

RELATIONSHIP TO CHILD: _____

SIGNATURE: _____

3) Register in a community-based program: (enclose registration form as funding goes directly to the organization) ***The organization's name and full mailing address must be included so that payment can be sent to them directly. Please ensure that this information is accurate before submitting your application! ***

NAME OF ORGANIZATION: _____

PROGRAM: _____   Phone: _____

ADDRESS: _____
                    STREET   TOWN   PROVINCE   POSTAL CODE

DATE PROGRAM STARTS: _____   PROGRAM COST: _____

APPLICATION REQUEST: (max. $100.00) _____

4) Reason for referral: (check one and indicate income range)

☐ # of children in family   Income Range:
☐ Single income household   ☐ $20,000 & under
☐ Parent/Guardian(s) currently unemployed   ☐ $20,000 - $30,000
☐ Financial hardship   ☐ $30,000 - $40,000
                                              ☐ $40,000 +

Office use only:

Date Received: _____   Application Approved: ☐Yes ☐No Reason:_____

Cheque Requested: _____   ☐ Program Registration Confirmed   ☐ Family Notified