

# RON CAMPBELL SPORTS FUND

HELPING YOUTH ACCESS SPORT IN THE TOWN OF PEACE RIVER!

The Ron Campbell Sports Fund is financed through the Ron and Peggy Campbell Legacy Fund administered as a Donor Advised Fund (DAF) by the Edmonton Community Foundation (ECF) through the Town of Peace River. It was established by Lorne and Melanie Campbell in memory of Lorne's father, Ron Campbell, to honor Ron's years of participation in sports in Peace River.

## 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 \$200.00 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.
- Scholarships will be awarded to eligible applicants on a first-come basis until the available funds have been fully distributed.
- Scholarship funds are issued directly to recognized organizations on behalf of the application. Applicants must apply before paying fees, the scholarship will not reimburse the applicant for fees already paid.
- The parents/guardians of the child must be informed of the application.
- Scholarship funding cannot be used for activities that are part of regular school instruction (for example, class field trips)
- Scholarship funds may be used for activities that are extra-curricular or co-curricular. Examples include team fees for volleyball or basketball.

**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](mailto:guestservices@peacriver.ca)

### MAIL

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

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

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTHDAY: (YYYY/MM/DD) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET TOWN PROVINCE POSTAL CODE

EMAIL: \_\_\_\_\_

## 2. Adult Referral: (Referrals cannot be from a parent/family member) Referral examples: Teacher, Agency, Coaches, Etc

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 applicable 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 +