



a) Does the event offer prize money for placing:  No  Yes, explain \_\_\_\_\_

b) Have you been offered sponsorship(s) or other funding?  No  Yes, explain \_\_\_\_\_

**ASSISTANCE REQUIRED:** please indicate **ALL** expenses eligible and non-eligible for the Trustees information/consideration. Attach copy of entry fee receipt(s) for events pertinent to this application.

Eligible Expenses:

Cost of Training - each visit: \_\_\_\_\_  
Annually: \_\_\_\_\_  
Membership Fee: \_\_\_\_\_

TOTAL: \_\_\_\_\_

Non-eligible Expenses:

Equipment: \_\_\_\_\_  
Travel Cost: \_\_\_\_\_  
Other: \_\_\_\_\_

TOTAL: \_\_\_\_\_

Are you receiving funding through another organization?  No  Yes, explain \_\_\_\_\_

Are you receiving assistance through a government agency?  No  Yes, explain \_\_\_\_\_

Please provide any additional information to assist the Trustees in making their decision.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant: (or Parent/Guardian if applicant is under 18 yrs.)

Date

**PLEASE NOTE: AN INCOMPLETE FORM CAN JEOPARDIZE YOUR CHANCES AT RECEIVING A BURSARY. PLEASE ENSURE ALL REQUESTED INFORMATION IS PROVIDED IN A CLEAR AND PRECISE MANNER**

**Return form to: FRANK FOREMAN YOUTH MEMORIAL ARTS FUND**  
50 Dickson Street, Main Floor  
P.O. Box 669  
Cambridge, ON. N1R 5W8  
Fax: 519.740.7302

Personal information contained on this form is collected pursuant to the Municipal Act and will be used for the purpose of the Frank Foreman Youth Memorial Arts Fund review process only. Questions about the collection of personal information should be directed to the City's Freedom of Information and Privacy Co-ordinator in the Public Access and Council Services Department at 519.740.4680 Ext. 4079.

**FOR OFFICE USE ONLY:**

Meeting Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Moved by: \_\_\_\_\_ Seconded by: \_\_\_\_\_  
Notes: \_\_\_\_\_