

ASSISTANCE REQUIRED: please indicate **ALL** eligible expenses for the Trustees information / consideration. Attach copy of **all eligible receipts(s)** for events pertinent to this application.

Eligible Expenses:

Travel (max. 600 km @ .40/km) _____
Entry Fee: _____
Training Fee / Camp Registration: _____

Additional Information:

TOTAL: _____

Is your Club providing assistance for this event? No Yes, explain _____

Are you receiving and/or applying for assistance for this event through another government agency or municipality?

No Yes, explain

Please provide any additional information to assist the Trustees in making their decision. (use a separate sheet of paper if necessary):

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

Date _____

CHECKLIST

- All areas of application are complete (double check under Event Info. – pre-qualification information is provided)
- Proof of attendance or completion of event is attached
- Copies of receipts attached for **ALL** eligible expenses
- Application has been signed and dated (**Parent or Guardian must sign if under 18**).

PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Return form to:

City of Cambridge
Community Services Department
50 Dickson Street, P.O. Box 669
Cambridge, Ontario. N1R 5W8
Fax: 519.740.7302
E-mail: cichellon@cambridge.ca

Personal information contained on this form is collected pursuant to the Municipal Act and will be used for the purpose of the Art White Bursary 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 Corporate Services Department, Clerks Division, at 519.740.4680 Ext. 4583.

FOR OFFICE USE ONLY:

FUND: AW ST

Meeting Date: _____ Amount: \$ _____

Moved by: _____ Seconded by: _____

Notes: _____

How did you learn about the fund?

- Trustee
- Friend
- Community Services
- Sport Group
- Coach
- Newspaper
- Activities Guide
- OTHER _____