



Application

Please send completed application and attachments using **one** of the following:

Mail: youthreach, PO Box #212, Barrie ON, L4M 4T2

Scan and email: apply@youthreach.ca

Text: pictures of application and forms to (705) 718-7731

Participant Information:

First Name _____

Last Name _____

Gender: Male Female Date of Birth _____ Phone _____
(dd/mm/yyyy)

Address _____

City _____ Postal Code _____

Parent/Guardian/Adult Information:

First Name _____

Last Name _____

Relationship to Child _____

Number of Adults in the Home _____ Number of Children/Youth in the Home _____

Address (if different from above) _____

City _____ Postal Code _____

Phone _____
Home Work Cell

Email _____

Date _____

- To be considered for any funding or other services that may be provided by youthreach, I agree that youthreach is hereby released from any and all claims that I or my child may have with respect to the activity that is to be funded by youthreach and by submitting this application I voluntarily agree with this statement in its entirety. I also agree to future inquiries from youthreach regarding the success of my child's experience in order to track success stories and positively impact fundraising efforts.

Program Information (ALL information must be provided):

Program _____

Organization/Club _____

Organization Contact _____

Club Mailing Address _____

City _____ Postal Code _____

Phone _____ Email _____

Program start date _____ (dd/mm/yyyy) Program end date _____ (dd/mm/yyyy)

Registration Fee \$ _____

Discount from Organization/Club \$ _____

Amount requested from YouthReach \$ _____
(typical grants are \$250 per participant annually)

If possible attach a photo or scan of program provider’s registration form with this application so payment can be linked to your child’s registration fees.

Please complete sections A and B to show your current financial situation.

Income:

A) Please attach a scan of the most recent Income Tax Notice of Assessment, for all family members over the age of 18 (living in the household).

Verification:

B) An objective third party who is familiar with the family and in a professional position to verify the financial barriers facing the family. Please check one:

- Social services/worker
- School Teacher/Principal
- Police Officer
- Lawyer
- Member of Clergy
- Other

Name _____

Organization _____

Position _____

Email _____

I agree that the individual identified to verify my application is aware that my family has financial need for support and he or she would be agreeable to being contacted by youthreach for follow-up if required.

If you can't complete sections A and/or B but are still interested in applying for support please email apply@youthreach.ca explaining how you can show your income information.