



FUNDED BY



Ontario Trillium Foundation



Fondation Trillium de l'Ontario

# Application

**Please note:** If you are having difficulty completing the application, please contact your support worker, friend or a family resource person. **Incomplete applications will not be reviewed or processed.**

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.