

Families needing financial assistance for the payment of a child's hockey fees please be advised there is a local service that has a small and simple process to follow.

All that is required is a letter with the: child's name and parent or parents, type of sport, organization's name and contact info and of course the amount of the fee. The fee will be paid directly to the organization and not the parent.

Letter is to be addressed to;

Flagstaff Community Foundation
"Twice Fund"

C/O Lynne Jenkinson

(Dropped off at FFCS Building 4809 - 49th Avenue Killam)

(Or mailed to Box 450 Killam, AB. T0B 2L0)



EVERY KID EVERY COMMUNITY GRANT APPLICATION

Contact Name: _____ Position: _____

Group/ Organization/ LMHA: _____

Address: _____ City: _____

PC: _____ Phone #: _____ Alt Phone #: _____

Fax #: _____ Email: _____

Please answer the following questions to the best of your ability where applicable

We are applying for (description on previous page) :

_____ Program Grant _____ Curtis Glencross Legacy Fund**

Amount of Funding Requested: _____

Are you applying on behalf of an individual _____ or group _____?

If you are applying for the Legacy Fund how many individuals will the funds be supporting? _____

Funds will be used for (please write \$ amount of funds next to each area where the funds will be used):

_____ Facility Rental _____ Equipment Rental _____ Equipment Purchase _____ Instructors _____ Program Fees

_____ Other (Please specify): _____

PROGRAM GRANT – Event Information

Location: _____ Date & Time: _____

Frequency: _____ Estimated # of Participants: _____

Demographic of Participants (M/F, AGES): _____

Other Event Information: _____

Proudly Supported By:



ATB Investor Services



PROGRAM GRANT – Additional Information

Provide a detailed description of what the funds will be used for. If necessary use additional space or attach supporting documents.

CURTIS GLENCROSS LEGACY FUND – Additional Information

If you are applying for the Legacy Fund you **MUST** attach a list of the individuals you will be supporting and it must include first name, last name, date of birth, parent or guardian name, contact phone number, LMHA they are registered with and a brief description on the impact of these funds.

Please explain why you are applying for a **PROGRAM GRANT** or **LEGACY FUND GRANT** and how you feel this will make a positive impact or benefit the individual, community or group you are applying for.

I _____ authorize the information contained herein is accurate to the best of my knowledge. Signed this _____ day of _____, _____.

Name

Signature

Proudly Supported By:



ATB Investor Services™