



Make Children First Clinton, Cache Creek, Ashcroft and Areas

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This application provides opportunities for families to apply for funding to assist in the expenses of activities that support the healthy growth and development of young children ages 0 to 6.

Child's Name: _____

Child's Date of Birth: _____

Parent/Guardian's name: _____

Address:(mailing and physical address)

Phone (call or text): _____ email: _____

Activity/Sport: _____

Costs:

Registration: _\$ _____

Other: _____

*Make Children First strives to support as many children ages 0-6 in need as possible in local activities.

Start/End Dates of the Activity:

Other Sources of supports applicant is currently accessing:

*Refers to any other source of support such as equipment loaning program, local funding, or other?

Organization Name and contact Info:

What other sports/activities will your child be participating in this year?

*Make Children First reserves the right to follow up with the organization on attendance and participation, as well as follow up with the family on experience with the activity and feedback for reporting. Private information such as names, financial info, or contact will not be shared.

To be considered eligible for funding, MCF requires verification of financial need. The Funding guidelines referenced in attachment may be used. Verification can be given by two community leaders (a community leader is someone in the community such as a teacher, principal, librarian, public health nurse etc. who knows the applicant, but is not related, and will support request for funds. This is the responsibility of the applicant to find these people)

Another option is to provide financial proof, according to the guidelines in attachment, of need such as 3 consecutive pay stubs, or most recent T4, or other suitable proof.

Community Leader #1

Name: _____

Address: _____

Phone: _____ email: _____

How do you know the applicant? _____

Signature of Community Leader:

Community Leader #2

Name: _____

Address: _____

Phone: _____ email: _____

How do you know the applicant? _____

Signature of Community Leader:

Signature of Parent/Guardian:

Date: _____

*You will be notified with the decision of the funding. The contact person for the activity will be notified and payment will be arranged. Payment only covers the applicant in form. Payment goes directly to the organization. Thank you for your time and interest.

- Please send by email or mail to:

Deanna Horsting, Make Children First

PO Box 471 Ashcroft BC, V0K 1A0

OR email dfhorsting@gmail.com

OR Drop off at **Make Children First Office** (slide under door of MCF office if closed) located at The HUB in Ashcroft, BC

Feel free to contact me for more information or questions.