



Painted Hand Community Development Corporation

21 Bradbrooke Drive North, Yorkton, SK S3N 3R1

Ph.: (306) 782-1525 Fax: (306) 782-1523

YOUTH EXCELLENCE REQUEST FORM

PLEASE make sure all information is **clearly printed**. Complete all sections of the application. If additional space is needed, **summarize on the application form** and attach additional sheets as required. Requests are reviewed on an ongoing basis, but in general you should allow 3 to 4 weeks for a response.

Date: _____

APPLICANT INFORMATION

First Name: _____ Last Name: _____:

Address: _____

_____ Postal Code: _____

Phone number: _____ Cell number: _____ Fax number: _____

E-mail address: _____

Personal Detail – *Please provide details of your current sporting/arts status. What level are you competing or performing at – continue on a separate sheet if necessary.*

Amount requested from the Painted Hand CDC Youth Excellence Program? \$ _____ .00

Reason(s) for the Application? – *Please outline the purpose for which funding is requested.*

Personal Goals and Objectives:

How this grant will help you reach your goal?

Please list any volunteer or community service work you do?

BUDGET

Please provide a detailed breakdown of anticipated expenditures and income associated with your project, program or activity, clearly outlining what component of the expenditures will be covered from any grant requested under the PHCDC Youth Excellence Program.

ANTICIPATED EXPENSES

Travel		\$
Meals		
Accommodation / Billet Fees		\$
Equipment / Material		
Registration Fees		\$
Other (Please Detail)		\$
Other (Please Detail)		\$
	TOTAL EXPENDITURES	\$

INCOME

Funding from others please specify:		\$
Own financial contribution		\$
Other:		\$
Other		\$
	TOTAL EXPENDITURES	\$

Amount requested from PHCDC for Youth Excellence Program? \$

Have you applied to the PHCDC Youth Excellence Program before? Yes No

MANDATORY INFORMATION TO BE INCLUDED WITH YOUR APPLICATION

The following information is mandatory in order to process your application

- Reference letters – Include one or more letters of reference (along with contact information from persons providing the letter of reference). Letters of reference must be from an educator, coach, elder, etc. and not from a relative or family member.
- A short biography of yourself (1 to 3 paragraphs)
- Picture – A photo of yourself (no CD or DVD please)

DECLARATION

On behalf of the Applicant, I hereby represent, warrant and certify the following:

- (a) That the information contained in this application is true and correct;
- (b) That we hereby authorize any duly appointed representatives of PHCDC to obtain from and share with such persons or organizations, public or private, any information necessary to complete their assessment of my application; and
- (c) I hereby provide my authorization and consent for the PHCDC to utilize any information contained in this application, along with any photographs provided by me for use in conjunction with their operations including the preparation of their annual report, or any other related public disclosure.

Signature of Applicant
If under age of 18, please have parent or guardian sign this Grant Request

Date

Print Name

Signature of Guardian

Date

Print Name

****ALL APPLICATIONS SUBMITTED WILL BECOME CONFIDENTIAL PROPERTY OF THE PHCDC****

MAIL ORIGINAL OF THIS APPLICATION FORM TO:

**PAINTED HAND COMMUNITY DEVELOPMENT CORPORATION
21 Bradbrooke Drive North,
Yorkton, SK S3N 3R1**

**** PLEASE KEEP A SIGNED COPY FOR YOUR FILE ****

Note: All documents and pictures submitted will become property of the Painted Hand CDC and will not be returned. All documents and pictures must be submitted together at one time.