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Cowichan Valley Performing Arts Foundation

Please submit one form per child, per activity. Please familiarize yourself with the guidelines before completing this form.

A points-based system will be used to score each application according to the following criteria:

- a. Overall presentation (30 points) *The Foundation typically receives more applications than can be fully funded; complete applications with compelling descriptions of need will be favourably considered.*
- b. Financial need (35 points) Documentation encouraged but not required.
- c. Willingness to volunteer (15 points)
- d. Service provider is a member (10 points available)
- e. Letters of reference from teachers/instructors/others confirming the applicant's overall commitment/desire to participate (10 points available)

Applicant Information

Applicant's name:						
Birth date (m/d/y):		Age:	Male	Female		
Mailing Address:						
Email Address:						
Parent/Guardian's name:						
Would you be willing to volunteer? (For example, hot dog sales, raffle ticket sales, event volunteering.)						
Yes	No					
Tel (H):		Tel (C):				
What school are you currently enrolled in?						
Check the amount that best indicates the combined gross annual income of your household:						
under \$25,000	\$25,000 to \$40,000 \$4	40,000 to \$60,000	over \$60,0)00*		
Verifying documentation or related information/explanation is encouraged. CVPAF has a limited amount of funding available for bursaries.						
*If your household income is over \$60,000, please provide an explanation as to why you are applying for financial assistance:						
Would you be willing to have Student's name and/or picture in press or social media?						
Name	Picture & Name	e No				
(Note: This is not a requirement of the grant application)						

The Cowichan Valley Performing Arts has a limited amount of funding available for bursaries. Please provide written reasons as to why you are applying for funding through the Cowichan Valley Performing Arts Foundation and why your application should be considered. These reasons should be in your own words as opposed to that of your parent or guardian. If you would prefer, please feel free to provide separate attachments (letters, drawings, photos, etc.) instead of using the space provided below.

Activity Information

Type of activity/program:					
Start/End Date:		Frequency of activity/program:			
Name of instructor/service prov	ider: the service provider will be	contacted			
Is the instructor/service provider a member of the Cowichan Valley Performing Arts Foundation?					
Yes	No	Unsure			
Tel:		Email:			
Mailing address:					

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Funding Request

Registration fees	\$	Please indicate:		
Equipment/supplies	\$	Please indicate:		
Other costs	\$	Please indicate:		
Total cost of activity (attach supporting documentation to your application)	\$	Please indicate total CVPAF\$request (maximum \$500)		
		Please indicate total funds\$from other sources (i.e.,KidSport, JumpStart, yourself)		

Signature of Applicant

Parents/guardians must sign for applicants under 16.

Signature: _____

Date: _____

Completed applications (with signatures) can be scanned and emailed to <u>info@cvperformingarts.ca</u>, or mailed to **Cowichan Valley Performing Arts Foundation**, **PO Box 366**, **Duncan**, **BC**, **V9L 3X5**. Note that if you are sending the application by mail, it MUST be received (not postmarked) by the deadline. Late applications may not be accepted.

Adult Endorsement (Other than Service Provider)					
Name:					
Employer:	Position/occupation:				
Tel (H): Tel (W):	Email:				
Mailing address:					
Relationship to applicant:					
The role of an endorser is to confirm that the participant is in need of financial support. They must exercise independent judgment and be reasonably assured that the applicant has a financial barrier. The endorser could one of the following: teacher, principal, community school worker, health professional, social worker, counselor, elder, lawyer, law enforcement officer, religious faith leader, or member of a town council.					
Declaration: I am of the reasonable belief that the applicant's family is experiencing financial barriers to participation in the activities described in this application. I recommend that this application be considered for Cowichan Valley Performing Arts Foundation funding.					
Signature:	Date:				