



# Painted Hand Community Development Corporation

Suite 2 – 21 Bradbrooke Ave. North Yorkton, Sask. 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.*

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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:

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How this grant will help you reach your goal?

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Please list any volunteer or community service work you do?

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**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)		\$
	<b>TOTAL EXPENDITURES</b>	<b>\$</b>

**INCOME**

Funding from others please specify:		\$
Own financial contribution		\$
Other:		\$
Other		\$
	<b>TOTAL EXPENDITURES</b>	<b>\$</b>

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 Parent or 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**  
Suite 2 -21 Bradbrooke Ave. North  
YORKTON, SASK. 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.