



# APPLICATION FOR INDIVIDUAL YOUTH SUPPORT



Youth Applicant Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Gender:  Male  Female  Non-Binary

Mailing Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Citizenship #: \_\_\_\_\_ Region: \_\_\_\_\_ Local: \_\_\_\_\_

Or; Letter from the MMF Central Registry Office confirming that an MMF Citizenship application is in process.

Activity: \_\_\_\_\_ Cheque Payable to: \_\_\_\_\_

Receipts and/or Invoices

- Purchase of equipment not eligible for reimbursement
- Receipts/invoices must be within current fiscal year (April 1 to March 31)

Are you currently receiving support for this activity from any other sources? If so, please check other sources.

KidSport  Service Clubs  Recreation Organization  Fundraising Activities

Other: \_\_\_\_\_

Please provide a brief history of the participation and accomplishments in this activity:

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Start Date of Activity: \_\_\_\_\_ Finish Date of Activity: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*If youth is under 18*

Regional Verification: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Vice-President/Regional Administrator*