

Empower Me Fund Application Form



If no, would you be interested in attending future events or programming? Why or why not? What types or programming are of interest to you?

How did you hear about the Empower Me Fund?

Have you ever received an Empower Me Fund gift before? Yes No

If yes, when what was the date: _____

What was the gift? _____

How did you hear about the Empower Me Fund?

Do you know anyone who has received an Empower Me Fund gift before? Yes No

If yes, please state their name? _____

In your own words, what does “empowerment” mean to you?

What are you requesting as a gift from the Empower Me Fund?



Empower Me Fund Application Form



What would the cost of this gift be? (please note that currently, Empower Me Fund gifts may not exceed \$50, but applicants may request a gift to cover a portion of something that they are wanting to do / purchase / attend, if they are able to pay for the balance.) Please provide a breakdown below:

Total cost: \$ _____

What the EMF gift would cover: \$ _____ + What I would cover: \$ _____

What pillar(s) does your request fall under:

- Mental Wellness Self Care Professional Development Other

Please tell us a little bit about how your request falls in the above pillar that you checked off:

What barriers are you facing in your life that are preventing you from accessing what you are requesting:



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How would receiving the requested gift impact you and/or your family:

If you were to receive the gift, is there a date that you need it by? If there is an urgency to it, please explain:

Please use the space below to tell us anything else that you would like us to know about yourself, your family, or your present situation:

The following section is optional and will be used to get an understanding what populations we are reaching and what populations are accessing our resources:

- Family Status:**
- | | |
|---|------------------------------------|
| <input type="checkbox"/> Common-Law | <input type="checkbox"/> Married |
| <input type="checkbox"/> Single (never married) | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Widowed |

What is your first language? _____



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Do you identify as any of the following? Please check off all that apply to you:

- | | | |
|--|--|--|
| <input type="checkbox"/> Indigenous / First Nations Status | <input type="checkbox"/> Came to Canada as an Immigrant | <input type="checkbox"/> Person Living with a Disability |
| <input type="checkbox"/> Indigenous Non-Status | <input type="checkbox"/> Came to Canada as a Refugee | <input type="checkbox"/> Inner City / North End Resident |
| <input type="checkbox"/> Métis | <input type="checkbox"/> Visible Minority | <input type="checkbox"/> LGBT2SQ+ |
| <input type="checkbox"/> Inuit | <input type="checkbox"/> Youth at Risk | <input type="checkbox"/> Single Parent |
| | <input type="checkbox"/> Involvement with Justice System | <input type="checkbox"/> Other _____ |

PRIVACY AND CERTIFICATION

The Shameless Circle will keep private all the information in this application. The Shameless Circle will use this information to choose recipients for our Empower Me Fund gifts. The Shameless Circle will not sell or trade your information to other people or organizations. If at any time we need to share your information with someone else, we will get your written or verbal consent first.

Privacy Consent: When you sign below, you give The Shameless Circle permission to collect and keep the information in this form.

Certification: By signing below, I certify that all the information I have given in this form is accurate and complete to the best of my knowledge. I understand that The Shameless Circle may ask for more information to add to this application.

Signature: _____ Date: _____

We thank all applicants for their interest, however not all requests will be able to be filled. Empower Me Fund gifts are contingent to funds available. The Shameless Circle will keep applications on file for three months. If the information in your application changes in this time, please submit an updated application noting the changes. Applications may be re-submitted following the three month period, if your request has not been fulfilled within this time. Please note, that the Board's decision will be final.

