



**EMPOWER
ME** fund

2021 Application Form

If no, would you be interested in attending future events? Why / why not?

What types of events / programs 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 was the date: _____

What was the gift? _____

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

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

What will the cost of this gift be?

(Please note: Empower Me Fund gifts may not exceed \$100, but applicants may request a gift to cover a portion of something they are wanting to do / purchase / attend, if they are able to pay for the balance)

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



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Which pillar(s) does your request fall under:

- Mental Wellness Self Care Professional Development Other

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

What barriers are you facing that are preventing you from accessing your request:

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

If you were to receive the gift, is there a date you need it by?

If there is an urgency to it, please explain:

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



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Optional: 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 all the information in this application private. 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 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, the Board's decision will be final.

Please email your completed application to: info@theshamelesscircle.org

Or, you can mail it to us at:

The Shameless Circle, Empower Me Fund
823 Ellice Avenue
Winnipeg, MB. R3G 0C3

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