

Bob Gale Recreation Fund Application

Providing financial assistance to individuals from Niagara Falls of all ages who would otherwise not be able to participate in active and healthy lifestyle activities. Please Note: Individuals seeking funding should ask the organization they hope to join whether they have subsidies or assistance in place before applying to the Bob Gale Recreation Fund. Applicants must apply for the requested activity before the organization's registration deadline for that activity.

Please Note: Our Fund's guideline for frequency of submitting future applications has changed. In order to extend our budgeted funding to include as many applicants as possible, applications from any individual applicant may now be submitted once every two years. Please visit our website at: <http://www.bobgalerecreationfund.com/> for all other important information regarding eligibility of applications. Thank you.

TODAY'S DATE



Month Day Year

NAME OF PERSON FILLING OUT APPLICATION

First Name Last Name

RELATIONSHIP TO APPLICANT

EMAIL

example@example.com

NAME OF APPLICANT

First Name Last Name

BIRTHDATE OF APPLICANT



Month Day Year

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Phone Number

Area Code Phone Number

SPORT OR ACTIVITY BEING APPLIED FOR

DURATION OF RECREATION / SPORT

RECREATION / SPORT START DATE



Month Day Year

REGISTRATION PAYMENT DEADLINE



Month Day Year

ORGANIZATION APPLYING TO

ORGANIZATION ADDRESS

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

ORGANIZATION CONTACT

ORGANIZATION PHONE NUMBER

Area Code Phone Number

ORGANIZATION EMAIL

example@example.com

PURPOSE OF THE MONEY REQUESTED

REASON FINANCIAL AID IS REQUESTED

AMOUNT OF FUNDS REQUIRED FOR REGISTRATION

Please note the duration this covers

AMOUNT OF FUNDS TOWARDS EQUIPMENT

AMOUNT FOR OTHER CHARGES - PLEASE STATE WHAT THE OTHER CHARGES ARE COVERING

REFERENCES

Provide below at least (2) two references i.e. teacher, minister, social worker etc.
inform your references we will be contacting them as part of the application process

>> Please

NAME OF REFERENCE #1

First Name Last Name

EMAIL OF REFERENCE #1

example@example.com

PHONE NUMBER OF REFERENCE #1

Area Code Phone Number

REFERENCE #1 OCCUPATION

REFERENCE #2

First Name Last Name

EMAIL OF REFERENCE #2

example@example.com

PHONE NUMBER OF REFERENCE #2

Area Code Phone Number