

Piikani Youth & Education Foundation • **PIIKANI NATION MEMBER**

INDIVIDUAL - Grants Application

1875 13<sup>th</sup> Avenue Box 3179 Brocket, AB T0K 0H0 •

Ph # (403) 965-0005 Fax # (888)467-8081 • www.pyef.org

_____		_____		Piikani Membership # 436 _____	
<i>Last Name</i>		<i>First Name</i>		<b>Must have a Piikani Band Number</b>	
Birth date: _____		Gender (M) _____ (F) _____		Age: _____	
<i>m/d/y</i>					
<input type="checkbox"/>	EMAIL ADDRESS	<input type="checkbox"/>	Mailing Address	City/Town	Prov. Postal Code
Home Ph: _____		Work: _____		Other: _____	
Have you applied to Piikani Youth & Education Foundation in the past? Yes _____ No _____					
If yes for what: _____		Date: _____			
		<i>m/d/y</i>			

**Correspondence will be Emailed unless otherwise state in check box.**

**Please fill ONLY the portion that pertains to your sponsorship request.**

See criteria for clarification OR call/visit our office for assistance.

ONE request per application form please / **Incomplete Applications will not be considered for sponsorship**

**A. EDUCATION SUPPORT**

- 1) Extracurricular:** \_\_\_\_\_  
School: \_\_\_\_\_ Address: \_\_\_\_\_ Grade: \_\_\_\_\_  
Activity: \_\_\_\_\_ Activity Start Date: \_\_\_\_\_ Activity End Date: \_\_\_\_\_  
School Contact Person: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_ ( Must be over \$500.00)
- 2) Attendance Incentive \_\_\_\_\_ Months:** \_\_\_\_\_
- 3) Individual Tutoring Description:** \_\_\_\_\_  
Institution: \_\_\_\_\_ Address: \_\_\_\_\_  
Name of Tutor: \_\_\_\_\_ Address: \_\_\_\_\_  
Date of Tutoring: Start: \_\_\_\_\_ End: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

**B. RECREATION & ATHLETIC SUPPORT**

- 1.) Individual - Minor**  
Name of Program: \_\_\_\_\_ Address: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Registration Fee Cost: \$ \_\_\_\_\_
- 2.) Individual - Intercollegiate**  
Institution: \_\_\_\_\_ Address: \_\_\_\_\_  
Name of Program/Sport: \_\_\_\_\_  
Start: \_\_\_\_\_ End: \_\_\_\_\_ Registration Fee Cost: \$ \_\_\_\_\_

**C. PIIKANI LANGUAGE & CULTURE**

Name of Program: \_\_\_\_\_ Address: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Registration Fee Cost: \$ \_\_\_\_\_

**D. LITERATURE & FINE ARTS**

Name of Program: \_\_\_\_\_ Address: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Registration Fee Cost: \$ \_\_\_\_\_

**E. LEADERSHIP & SOCIAL DEVELOPMENT**

Name of Program: \_\_\_\_\_ Address: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Registration Fee Cost: \$ \_\_\_\_\_

**F. GRADUATION GRANT**

Program Completed: \_\_\_\_\_ Address: \_\_\_\_\_  
High School Diploma: \_\_\_\_\_ Diploma: \_\_\_\_\_ Under Graduate Degree: \_\_\_\_\_  
Graduate: \_\_\_\_\_ Trade: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

**HIGHSCHOOL UPGRADING COURSE GRANT - Review Criteria**

Name of Program: \_\_\_\_\_ Address: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Registration Program Cost: \$ \_\_\_\_\_

**TRADES GRANT - Review Criteria**

Name of Program: \_\_\_\_\_ Address: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Registration Program Cost: \$ \_\_\_\_\_

**Please be sure that you have completed all areas pertaining to your application and have attached all necessary documents. Cheques will be processed within 5 - 7 days.**

**Declaration of Applicant**

I agree, if approved for financial assistance, to comply with all the policies, rules and regulations of Piikani Youth & Education Foundation. For funding request purposes I will be required to submit proof of participation, transcripts, and other required documents as required. I am also aware that I may be ineligible for future funding should I fail to submit required documentation. I hereby verify that all the information that I have provided on this form is correct to the best on my knowledge and that no relevant information has been withheld. I agree to consent that PYEF may verify the information as provided above with other funding agencies as may be required for statistical purposes and eligibility for financial assistance.

\_\_\_\_\_  
*Signature of Applicant OR Parent/Legal Guardian*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*