

# Youth Travel Assistance Grant

## Section 1 – Applicant Information

Is this funding assistance request for a:	<input type="checkbox"/>	Team/Group	<input type="checkbox"/>	Individual
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### Individual Application:

Applicant Name	
Daytime Phone Number	
Mailing Address <small>*Must be residents of Westlock County; Town residents do not qualify unless applying for a team/group with majority County residents</small>	
Email Address	
Applicant's Birth Date: (mm/dd/yyyy) <b>MUST be under 18 at the time of application</b>	

### Team/Group Application:

Team/Group Name	
Team/Group Primary Contact <small>(name and position)</small>	
Daytime Phone Number	
Team/Group regular home location	
Mailing Address	
Email Address	

**Applications for team/group funding require a listing to be submitted that includes all team/group members: name, date of birth, and civic addresses.**

Funding eligibility requires proof that a minimum of 1 (one) team/group member(s) reside in Westlock County.

What is the status of your non-profit organization? (if applicable)	<input type="checkbox"/>	Registered with Alberta Registries as a non-profit club, association, society, or organization. <b>Registry number:</b> _____
	<input type="checkbox"/>	Registered Canadian Charity <b>ID number:</b> _____
	<input type="checkbox"/>	A school within the borders of Westlock County

**PLEASE NOTE:** Awarded funding will be issued to the registered organization named.

**Section 2 – Travel Information**

Destination of Travel			
Name of Event			
Travel Start & End Date (mm/dd/yyyy - mm/dd/yyyy)			
Are you travelling as part of a school trip or activity?		Yes	No

**Section 3 – About the Event**

1. Tell us about the event requiring travel. What is special or unique about this opportunity?
2. Describe the selection process to participate. (Invitation, application, won your way...)

3. What do you anticipate experiencing, learning, or gaining from participating in this event?

4. Tell us how you will be funding the travel to participate in this opportunity. (fundraising, etc.)

5. Is there any other information or details we should know when reviewing your application?

**Section 5 – Declaration**

We are submitting this application for the purpose of obtaining financial assistance from Westlock County. The statements contained in this application are, to the best of our knowledge, true and correct. We submit that all aspects of this proposed project will comply with existing municipal, provincial, and federal codes, guidelines, orders and laws. We acknowledge that any misrepresentation or misappropriation of funds will result in the grant being revoked.

We understand it is our responsibility, as the applicant, to ensure adherence to any provincial guidelines related to safety and/or gatherings.

We agree to allow representatives of Westlock County to make inquiries, and to obtain all pertinent information necessary to evaluate this application.

We understand that all or part of this application may be made available to the public in accordance with the federal Access to Information and Protection of Privacy Act and the provincial Freedom of Information and Protection of Privacy Act.

Individual Applicant Name or Guardian if applicant is under age 18	
Individual Applicant Signature or Guardian if applicant is under age 18	
Date:	
For Team/Group Applications: Authorized Organization Rep. Name & Position	
For Team/Group Applications: Authorized Organization Rep. Signature	
Date:	

*The personal and business information provided will be used to process the Grant Application and is collected under the authority of Section 33 (c) of the Freedom of Information and Protection of Privacy Act, (FOIP). If you have any questions regarding collection and use of this information, please contact the Westlock County FOIP Coordinator at (780)349-3346.*