www.class.on.ca
info@class.on.ca

This funding application was created in memory of **Neil Lundy** to support youth and adults who may need additional financial assistance to enhance their quality of life through the CLASS Facilitating Youth Involvement Program (FYI) summer camp program offered by CLASS in Alliston and Bradford.

Please include all requested information, complete and sign this form.

Beneficiary Information (person to receive funding)

Name	
Address	
Phone	
Email	
Are you in a CLASS program currently? If so which one(s)?	

If you are applying on behalf so someone wanting to attend the Camp Program please fill in:

Name	
Relationship to applicant	
Phone	
Email	

What difference will it make having this funding to attend the summer camp?

What other funding is the applicant receiving e.g. passport, ODSP etc. Please list:

Other information we should know?

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Statement of Understanding

I apply for this funding with the understanding that:

- I may not transfer this grant to anyone else
- Any funding received will only be used for the grant requested for
- All receipts related to this grant if applicable, must be submitted to CLASS.

I confirm that the above information provided in this application is true, correct and complete to the best of my understanding, please sign or write in your name.

Signature of Applicant and/or advocate of applicant

	Date:
	Date:

Signature of supervisor or manager of program

	Date:

Please email completed application to heatherbarzo@class.on.ca. Thank you.

OFFICE USE ONLY:

Date received:	Date reviewed:
Amount:	Approval: