



Office Use Only

Request # \_\_\_\_\_

## Request for Funding

Requested by: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Amount Requested (\$): \_\_\_\_\_

Organization name & mailing address: \_\_\_\_\_

\_\_\_\_\_

Purpose of Funding: \_\_\_\_\_

\_\_\_\_\_

Childs Name: \_\_\_\_\_

Childs Age: \_\_\_\_\_ Sex: Male / Female

Address: \_\_\_\_\_

\_\_\_\_\_

Parents Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Monthly Income: \_\_\_\_\_

Monthly Expenses: \_\_\_\_\_

Is the family/child involved with the Hastings Children's Aid Society? Yes / No

Is the family a recipient of Ontario Works? Yes / No

How much is the family able to contribute towards Registration: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any questions, comments or concerns can be directed to Lyndsey at  
613-962-9291 ext. 8.

Please fill out all fields and return with a copy of a filled out registration form by  
fax at 613-966-3868.

Once your request has been approved, you will be notified by telephone.