



**kidsFUNd Application**  
**Community Services - The District of Saanich**



**SECTION 1: APPLICATION INFORMATION**

Child's Name: \_\_\_\_\_  
Birth Date (dd/mm/yy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Tel: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell: ( \_\_\_\_\_ ) \_\_\_\_\_  
Email: \_\_\_\_\_  
Name of Parent/Guardian: \_\_\_\_\_

**SECTION 2: REQUEST FOR FUNDING**

Please identify the sport or activity (Saanich Recreation programs only) which you are requesting funding:  
Name of the Program/Activity: \_\_\_\_\_ Barcode: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ # of Sessions: \_\_\_\_\_  
Length of each session (in minutes): \_\_\_\_\_ At what recreation centre? \_\_\_\_\_  
Cost of the program: \_\_\_\_\_ Requested amount of funds for the program: \_\_\_\_\_

**\*Please Note: The maximum amount per child is \$150.00 per year, as resources permit.**

**SECTION 3: RECOMMENDED BY**

Please have this section completed by one of the following: a community/youth worker, pastor/priest, social worker, teacher, coach and an employer of a guardian of an applicant. This person should be in a position to identify and assess the economic barriers of the applicant.

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Tel: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell: ( \_\_\_\_\_ ) \_\_\_\_\_  
Email: \_\_\_\_\_

Please indicate your relationship to the applicant: \_\_\_\_\_

I certify my endorsement of the above child/youth and verify that all the information given is correct and can be substantiated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Completed applications may be emailed to [mena.westhaver@saanich.ca](mailto:mena.westhaver@saanich.ca) or mailed to 780 Vernon Avenue, V8X 2W7 or fax to 250-475-5411 Attention Mena Westhaver. Every application will receive notification of decision. Thank you.

**FOR OFFICE USE ONLY**

Application Received (dd/mm/yy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Accepted: (Y/N) \_\_\_\_\_ Follow-up Complete: (Y/N) \_\_\_\_\_

Reason/Other: \_\_\_\_\_

First Time Funding: (Y/N) \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Processed by: \_\_\_\_\_

This collection of personal information is authorized under the *Local Government Act*, Community Charter and section 26(c) of the *Freedom of Information and Protection of Privacy Act*. The information will be used for processing this application. Questions can be directed to the District's Privacy Officer at: 770 Vernon Avenue, Victoria BC, V8X 2W7, t. 250-475-1775, e. [foi@saanich.ca](mailto:foi@saanich.ca)