



CITY OF SAULT STE. MARIE

YOUTH FUND APPLICATION FORM

PLEASE PRINT

Applicant Contact Information:

Date of Application: _____

Name: _____

Address: _____

Postal Code: _____

Phone: _____ Alt. Phone: _____

Email: _____

Website: _____

Event / Project Details:

Name of Event: _____

Date of Event: _____ Location: _____

Date Funds Required By: _____

Estimated Number of Participants: _____

Total Funds Being Sought (**maximum \$500**): \$ _____ amount to be determined.

Please describe how your event or project will benefit youth in the community of Sault Ste. Marie:

Describe How the Funds Will be Used:

Additional Details:

If this application is approved, make the cheque payable to:

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- Cheques can be made payable to organizations or individuals. For applicants or recipients under the age of 18, payment will generally be provided to a parent or guardian.

Have you or your organization previously requested financial assistance from the Youth Fund?

No Yes Amount: \$ _____

If yes, please indicate the year(s): _____

PLEASE EMAIL, FAX , MAIL OR RETURN IN PERSON TO:

Community Development & Enterprise Services

Civic Centre

99 Foster Drive

Sault Ste. Marie, ON P6A 5X6

EMAIL: myac@cityssm.on.ca

FAX: 705-759-6605

For additional information:

Please call 705-759-5312 between the hours of 8:30 a.m. to 4:30 p.m., Monday to Friday.