



GRANT, SCHOLARSHIP AND MEMORIAL FUND APPLICATION FORM

Date	
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First Name		Last Name	
Address	Street		
	City	Postal/Zip Code	
	Province/State	Country	

EMAIL		Date of birth	
		For legal purposes only	
Home phone		Cellular Phone	
Social Insurance Number (for Canada Revenue Agency)			

If applicable			
Name of Organization			
Your Title		Website	
Charitable number if registered charity			

WHICH FUND ARE YOU APPLYING FOR?	
Please note that each fund has its own application requirements and guidelines. You can view and download those by clicking on the appropriate fund below.	
	Hugh and Helen Hincks Memorial Fund
	Craig Kelly Memorial Scholarship
	Cora Shea Memorial Fund
	Al Hodgson Memorial Fund
	ISSW Fund
Amount of Funding Requested	

I am hereby making an application for financial assistance from the Avalanche Canada Foundation (ACF) and declare that:

1. Any assistance awarded will be used only for the intended purpose of the grant.
2. I will provide copies of receipts, invoices and other financial records as required, indicating purchases completed for the purpose of the grant.
3. Support from the Avalanche Canada Foundation will be acknowledged in reports, verbal presentations and technical papers that describe the project.
4. I agree to the use of my name and photo, with respect to the announcement of grant recipients, in any newsletters or publications of Avalanche Canada or the Avalanche Canada Foundation, including its website.

DATE: dd/mm/yyyy	
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SIGNATURE OF APPLICANT	
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Please print and sign the document, then forward to Avalanche Canada Foundation

- By email at foundation@avalanche.ca
- By mail at PO Box 8800, Canmore, AB, T1W 0C1

For more information please call the Avalanche Canada Foundation at 403-678-1235