



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 <small>For legal purposes only</small>	
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?		
	<u>Hugh and Helen Hincks Memorial Fund</u>	
	<u>Craig Kelly Memorial Scholarship</u>	
	<u>Cora Shea Memorial Fund</u>	
	<u>Al Hodgson Memorial Fund</u>	
	<u>ISSW Fund</u>	
Amount of Funding Requested		

I am at this moment 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 grant.
3. The Avalanche Canada Foundation's support will be acknowledged in reports, verbal presentations, and technical papers that describe the project.
4. I agree to have my name and photo used to announce 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 email it to Avalanche Canada Foundation grants@avalanche.ca.

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