

Child's Information

First Name

Last Name

Name of Parent / Guardian

Birthdate (dd/mm/yyyy)

Gender

Male

Female

Province

Address

Postal Code

Telephone Number (With Area Code)

E-mail Address

Funding Information

Name of Organization

Sport for which you are requesting funding

Organization Address

City

Province

Postal Code

Approx. Start Date
(dd/mm/yyyy)

Approx. End State
(dd/mm/yyyy)

Amount of Funding Needed
(max \$300)

2019 Household
Income (Pre-Tax)

If Applicable, Other
Sources of Funding (\$)

If Applicable, Other Sources of Funding
(e.g. family, other organization, etc.)

Household Size (# people)

Child's Endorsement Information

Child's Endorser (Principal, Teacher, Doctor, Lawyer, Police Officer, Coach, League Rep., etc.)

Name Relationship to Applicant and Phone Number

Address City Province Postal Code

I, as the endorser of the child listed above, verify that all information provided herein is accurate and that the child and family need financial support.

Signature: _____ Date: _____

Instructions

Fill out this form using your preferred PDF reader or complete manually. Once complete, collect a signature from someone who can endorse your request. Scan completed form and email to info@trevorbartonfoundation.com

The Trevor Barton Memorial Foundation will respect the confidentiality of all of its applicants. By completing and submitting this application, you are authorizing the directors of the Trevor Barton Memorial Foundation to communicate with the organization or company to which the Trevor Barton Memorial Foundation may make a payment on behalf of your child and to the child's endorser.