



TOWNSHIP OF WOOLWICH APPLICATION FOR ONE-TIME TRAVEL ASSISTANCE

Please complete the following information. The application must be complete, and signed to be processed.

1. **NAME OF ORGANIZATION OR INDIVIDUAL:** _____

ADDRESS: _____

POSTAL CODE: _____ TEL#: _____

2. **AMOUNT OF GRANT REQUESTED:** \$ _____

3. **DESCRIBE THE COMPETITION OR EVENT THAT YOU WILL BE ATTENDING:**

4. **PLEASE OUTLINE THE FUNDRAISING YOU HAVE COMPLETED TO DATE FOR THIS EVENT:** _____

5. **PLEASE CHECK OFF THE FOLLOWING:**

Are you a resident of the Township of Woolwich? Yes _____ No _____

Are the competitors or individual 18 years of age or younger?

Yes _____ No _____

Does the travel to the site of the competition or event exceed 300 kilometres one way?

Yes _____ No _____

We/I certify the information provided in this application is accurate and complete.

Name: _____

Signature: _____ Date: _____

Telephone Number: _____