



## 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: \_\_\_\_\_