

Mission Community Foundation John M Green Swimming Fund Application

All four (4) sections of the application are required to be eligible for this bursary. Incomplete and illegible forms will be returned. The parent or guardian completes sections 1 – 3, and then passes the application to the Endorser to sign. Please see the Application Guidelines for complete details on the application process. Application must be submitted to the Mission Leisure Centre at 7650 Grant Street, Mission BC V2V 3T3.

Section 1: Swimming Lesson Recipient	
First name:	Last name:
Mailing Address:	
City: _____, BC	Postal Code:
Telephone: (____) _____	Birth Date (yyyy-mm-dd):
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____	
Swimming lesson level needed (if known)	Swimming Lesson Set day/time (if known)
Additional Swimming information:	
Section 2: Parent or Guardian	
First Name:	Last Name:
Mailing Address:	
City: _____, BC	Postal Code:
Telephone: (____) _____	Email:
Relationship to child:	
Please complete the following section. ALL boxes must be checked for the application to be processed.	
<input type="checkbox"/> The information presented in this application is true and complete to the best of my knowledge. <input type="checkbox"/> I have read and agree to the privacy policy as stated in the application guidelines. <input type="checkbox"/> I agree to allow the District of Mission to share statistical information with the grantor Mission Community Foundation in compliance with Canada Revenue Agency and the benefactor. <input type="checkbox"/> I agree to and understand that while Mission Community Foundation is providing funding to cover the fees associated with the child or youth named in this application, I will not hold Mission Community Foundation or its partners responsible for, nor will I take legal action under any circumstance (i.e. injury, etc).	
Signature of parent/guardian:	Date:
How did you hear about the fund: <input type="checkbox"/> Foundation <input type="checkbox"/> Leisure Centre <input type="checkbox"/> Website <input type="checkbox"/> School <input type="checkbox"/> Community Services <input type="checkbox"/> Other (please specify) _____	
Section 3: Financial Verification Endorser	
*This section is completed by the endorser prior to submitting the application form. See guidelines for full details.	
First Name:	Last Name:
Position:	Organization:
Mailing Address:	
City: _____, BC	Postal Code:
Telephone: (____) _____	Email:
I have thoroughly read and understand the guidelines of the Mission Community Foundation – John M. Green Swimming Fund and agree this applicant meets the guidelines. I believe the applicant or the family of this applicant has financial need.	
Signature of Endorser:	Date: