



**EMILY
BRYDON
YOUTH
FOUNDATION**

Emily Brydon
Youth Foundation

P.O. Box 1892
Fernie, BC
V0B 1M0

Phone:
(250) 423-4782

Email:
EBYFdream@gmail.com

APPLICATIONS ARE
REVIEWED ON AN
ONGOING BASIS.

FUNDING APPLICATION FORM

1. Please fill out as much information as applies to your circumstance.

Not all applicants will have information to answer all questions.

Name of Applicant: _____

Address: _____

Phone: _____ Age: _____

Email: _____

Parent(s) / Guardian(s) Name: _____

2. Name of program you are interested in: _____ _____

Amount of funding you are applying for: _____

Other requirements (please provide detail): _____

What school do you attend? _____ Grade: _____

Please explain your a) circumstance for needing assistance or support

and b) how the Foundation's support would make a difference to you:

Would your parent/guardian be prepared to supply a reference letter confirming financial need to the Emily Brydon Youth Foundation Committee?

YES NO

3. Essay (for applicants 13 years or older)

What are your future goals, including educational as well as athletic goals?
How would/have sports help/helped you grow as a person?
Please explain what difference a financial helping hand would mean to you.

4. Mail or email completed application form before the deadline to the address above.

5. To be signed by parent, guardian or sponsor of the application:

The Emily Brydon Youth Foundation strives to support as many participants as possible. Because our resources are limited, we prioritize providing financial assistance to families with a genuine financial need. I certify that the information provided in this application is true and accurate and that my child (or applicant, if submitted by other than parent) would be unable to participate in the program without financial support.

Signature _____ Date _____

Print Name _____