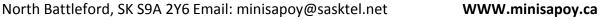
Minisapoy Café Inc. Promoting Our Youth Application

PO Box 182, Phone: 306-445-8899 623 Carlton Trail Unit 4 Fax: 306-445-4845





SIEP:

Applicant Information						
Applicant Name:				Date of Birth (dd/mm/yyyy)		
Street Address	City	Postal Code		Home Phone	Mobile Phone	
Have you received POY funding	Yes No	Which Year?	Are you 18 or older?	Yes No		
Parent/Guardian's Name:				If yes, Present Age		
Phone (Home):): Phone (Work):			ress:		
Current combined gross annu-	al income of your h	nousehold: \$				
Single income family? Dual income family? Yes			Number of children in the family:			
STEP 2 I HAVE READ THE Addition Promoting Youth may share Signature:				ervice provider and endor		
STEP 3 Program/Organization Info	ormation					
Name of activity/program:						
Organization or instructor pro	viding the program	1:				
Start Date: (dd/mm/yyyy)		End Date: (dd/mm/yyyy)				
Frequency of activity/program	ո։ (daily/weekly/bi-	weekly/monthly)				
Program contact person:		Phone:				
Program/Organizations Mailin	ıg Address:					
Street Address	City	Postal Code	Eı	mail Address:		

Instructors must contact Promoting Our Youth to register their program.

STEP 4							
Amount of Support							
	multiple classe	s with the sam	e service provider, list each class and their cost. Li	st the			
most important class f	first and the lea	st important o	ne last.				
☐ I have not paid any of th	ne fees for this program	m yet					
<u> </u>			hat will be due after the application deadline date. Only upcoming cos	sts are			
Activity Breakdown			Cost				
Registration Fees			\$				
Type of Class:	\$	per week	\$				
Type of Class:	\$	per week	\$				
Type of Class:	\$	per week	\$				
Type of Class:	\$	per week	\$				
Other fees/costs: (i.e. costumes, exams, equipment, supplies, travel, competition fees - please list costs for each)			svel, \$				
Fees to be paid to another	business, i.e. dance	shoes	\$				
Total Activity Costs			\$	\$			
If you are requesting less t	han the total activi	ity cost from POY	how will the rest of the cost be paid?				
Program/Organizations Ma	iling Address:						
STEP 5							
Adult Endorsement							
Endorsers must be one of t	the following: a tea aw enforcement of	acher, principal, co ficer, religious fai	ed of financial support to participated in the requested activ ommunity school worker a health professional, social worker th leader, sports coordinator, music teacher or professional,	r,			
Name:			Position/Occupation:				
Employer:			-				
Street Address	City	Posta	l Code Email Address:				
☐ I am not related to the a	 ipplicant.		am not related to the service provider.	not related to the service provider.			

Declaration: I am of the reasonable belief that the applicant's family is experiencing financial barriers to participation in the activities described in this application. I recommend this application be considered for

Date: (dd/mm/yyyy)

POY Application - Phone 1-306-445-8899

Signature:

Promoting Our Youth (POY) funding.

Additional Information

Promoting Our Youth **(POY)** provides financial assistance for youth to participate in music, arts, drama, cultural, education and recreation activities as their peers, regardless of a family's social and financial barriers. POY allows the youth of the northwest to pursue their dreams and aspirations.

Promoting Our Youth treats all applications with confidentiality. Your application and information is not shared outside the POY program. We do not publish the names or personal information of any applicant. We may share an applicant's contact information and application status with the activity service provider and endorser as needed. And with the applicants **written permission** only we may utilize the applicant in promotions to identify success stories of the POY program.

Based on the demand of the program, most approved applicants have gross annual household incomes of less than \$40,000. Please state any additional financial circumstances on the application.

Applications may be submitted via the following methods:

* Mail Minisapoy Café Inc.

PO Box 182

North Battleford, SK S9A 2Y6

* In Person Minisapoy Café Inc.

623 Carlton Trail, Unit 4 Coop Aquatic Centre

North Battleford, SK S9A 2Y6

*Internet/Web/email minisapoy@sasktel.net

Application Deadlines for 2015 are:

November 30, 2015 December 31, 2015 January 31, 2016 February 28, 2016 March 31, 2016 Applications are adjudicated within one month and funds are dispersed to successful applicant's within that one month period. Example, November applicants would be reviewed and adjudicated by December 31 with funds being dispersed by December 31 or at least designated by that date.

Activities must begin after this deadline. Past activities are not eligible. For instance, if a child began guitar lessons in December and a family applies to POY for January 22, only lessons taking place after January 22 would be eligible.

POY may pay either the service provider directly or the applicant, if the applicant can show proof of payment to the service provider.

Applications are assessed on individual circumstances. We would love for all children and youth to participate in all the activities requested, however, no applicant is guaranteed funding, even those who were funded previously. Funds are limited and dispersed each year based on availability by the management of the corporation.

Children/Youth 5 to 19 may apply.

POY has no minimum or maximum allocation of funds at this time tied to the application as it is entirely dependent upon the availability of funds determined by management of the corporation; however, the maximum allocation of corporation funds to POY for distribution annually is \$30,000. And this is dependent upon the revenues generated through school participation in our cafe

Promoting Our Youth will consider funding registration fees to the CUPLEX, lesson fees, instrument rental/purchase, art supplies, exam fees, recital costs, dance shoes & or costumes, sports equipment, travel costs to regional/provincial/national competitions. POY will support activities that require supplies costs relating to art, multiculturalism, heritage or creative expression. Activities based on fitness, health, sport and recreation.

If applying for more than one activity, please submit one application per activity. Also clearly indicate which activity is a priority in case we are only able to fund one application.

Endorsers CANNOT be related to an applicant or service provider. Service Providers may not endorse applications for their own students.