

The Condo Group

Play Your Way Grant at PISE

Application Form



WHAT IS PLAY YOUR WAY?

Play Your Way, a funding opportunity provided by PISE, is for children and youth under 19 years who require full or partial funding in order to participate in PISE Community Programs or Camps.

CONSIDERATION

PISE considers the social and economic barriers facing the young person's family when determining eligibility for funding. To help manage the increased demand and to ensure fair distribution of funding, as resources allow, first time applicants will receive priority for grant funding. If funding is available, returning applicants will be considered.

GUIDELINES

- Children under 19 years old at time of program commencement are eligible to apply for a grant.
- Grants are applied directly to PISE for the payment of **PISE sport camps and community programs**.
- Applications must be received **2 weeks prior** to the beginning of the program requested, and payment for the program should not have been made. We cannot process the grant in time for the program if it is submitted later than this.
- Preference is given to first time applicants.
- Grant amount awarded is based on need, with a limit of \$250 per child/per fiscal year. (April 1 - March 31)
- Incomplete applications will be returned.
- Reference should be someone who is familiar with the child and aware of your family circumstances. Reference cannot be a family member or relation. Suggested references are: coach, teacher, school counsellor, neighbor.
- Additional clarification of circumstances may be requested.

GRANT DISTRIBUTION

1. Once the completed application is received and approved by PISE, a confirmation email will be sent to the family confirming funding for the program.
2. Please keep a photocopy of the application for your records.
3. Please allow a minimum of 10 days for review of application; processing time will vary depending on the availability of funds.

PRIVACY / CONFIDENTIALITY

PISE respects your privacy. We never sell, trade or loan your information to any other organization. Information provided in this application is being collected for the purpose of administering Play Your Way. This information will only be disclosed to PISE personnel who need the information to carry out the responsibilities of their job.

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Child's Name:		Parent/Guardian Name:	
Child's Birthdate: MM/DD/YYYY	Name of Program/Camp Applying for:		
Start Date of Program:		Program Registration #:	
Mailing Address: <i>Street number</i>		Phone:	
<i>City/Province</i>	<i>Postal Code</i>	Email (<i>required</i>):	
Geographic region: <input type="checkbox"/> Core (Victoria, Esquimalt, Oak Bay, Saanich) <input type="checkbox"/> Peninsula <input type="checkbox"/> Western Communities <input type="checkbox"/> Gulf Islands <input type="checkbox"/> Malahat/Duncan <input type="checkbox"/> Other (please specify) _____		Do you require Pre/Post Care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify which days: _____ Does your child require an aid? <input type="checkbox"/> Yes <input type="checkbox"/> No *If required, PISE will contact you to discuss your options.	
Would transportation funding (bus fare) assist in this child participating in programs at PISE? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the child in need of a full or partial grant? <input type="checkbox"/> Full <input type="checkbox"/> Partial, Please specify the amount that can be paid towards this program \$ _____	Has the child received a SportStart or Play Your Way grant before? <input type="checkbox"/> Yes <input type="checkbox"/> No or <input type="checkbox"/> Don't know	
Please explain why you require financial assistance for your child to participate in PISE programs? (100 word max) ie. child's background, social & economic barriers.			
Help us reach more kids. Share your story <input type="checkbox"/> Yes <input type="checkbox"/> No			
I have thoroughly read and understand the guidelines of Play Your Way and agree our family meets the guidelines. I believe our family has financial need and a grant from Play Your Way would allow our child to participate in a program at PISE. I agree to participate in a brief telephone follow-up if required.			
Signature of Parent/Guardian:		Date:	
Submit to PISE: 4371 Interurban Rd. or Fax 250.220.2501 or Email summercamps@pise.ca			
Reference Name:		Reference Contact Phone & Email:	
Relationship of Reference to Family:		Reference Signature that this family is deserving of a Play Your Way Grant:	