

Corporation of The Township of Stone Mills

4504 County Road 4, Centreville, Ontario K0K 1N0
Tel. (613) 378-2475 Fax. (613) 378-0033
Website: www.stonemills.com.



Stone Mills Recreation Youth Grant Application

Applicant Information

Last Name: _____ First Name: _____

Mailing Address: _____ City: _____ Postal Code: _____

Phone Number: _____ Email: _____

Civic Address (Fire Number): _____

Cheque payable to: _____

Participant Information

Child A: _____ DOB: _____

Child B: _____ DOB: _____

Program Information

Recreational Activity: _____ Total cost of activity: _____

Amount family is able to contribute: _____

Other sources of funding: _____

Total amount requested from fund: _____

Application

Brief description of family financial situation to support request:

I hereby declare that all statements and information provided in this form are true and correct

Applicant Signature: _____ Date: _____

Staff Use Only

Date received: _____ Authorized: _____ Account Number: _____

Please drop completed form off to the Township of Stone Mills administration office located at 4504 County Road 4, Centreville.