



TOWN OF  
**PEACE RIVER**  
ALBERTA

HELPING FUND LOCAL:



# COMMUNITY SCHOLARSHIP FUND

## GRANT CRITERIA

Please read the following, very carefully:

- Child must be a resident of the Town of Peace River
- Completed Program registration must be enclosed with this application
- Referrals will be taken through applicant's employer, the program registrar of Peace River School systems (private, separate and public)
- Referrals CANNOT be from family members or friends
- The mini-scholarships program evaluates the amount to be funded on each application up to a maximum of \$100.00 per applicant per calendar year
- Only children aged 17 years or younger are eligible for funding
- Applications will be reviewed within two weeks
- Priority will be given to those applying for the first time during a calendar year
- The mini-scholarship program will only issue funds to recognized organizations on behalf of the individual recipient
- The parents/guardians of the child must be informed of this application
- Must apply prior to attending the program-reimbursements are not eligible
- Scholarship cannot be used for school based programs such as field trips, swim classes, etc.,

**For more information please contact: 780-624-1000**

**Please return your application forms through either of the following methods:**

**Mail:**

Peace River Community Services  
Box 5162, Peace River, AB T8S 1R8

**Fax:** 780-624-4664

**Email:** [communityservices@peaceriver.ca](mailto:communityservices@peaceriver.ca)

**Or in person:**

10008 – 100 Avenue, Peace River  
Upstairs in the Town Office

# Community Scholarship Application Form

**1) Information about the child: (all information will remain confidential)**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Y M D

ADDRESS: \_\_\_\_\_  
STREET TOWN PROVINCE POSTAL CODE

PARENT/GUARDIAN: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**2) Adult Referral: (Referrals CANNOT be a parent/family member or friend)**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
POSTAL CODE

RELATIONSHIP TO CHILD: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**3) Register in a community based program: (enclose registration form as funding goes directly to the organization) \*\*\*The organization's name and full mailing address must be included so that payment can be sent to them directly. Please ensure that this information is accurate before submitting your application!\*\*\***

NAME OF ORGANIZATION: \_\_\_\_\_

PROGRAM: \_\_\_\_\_ Phone: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET TOWN PROVINCE POSTAL CODE

DATE PROGRAM STARTS: \_\_\_\_\_ PROGRAM COST: \_\_\_\_\_

APPLICATION REQUEST: (max. \$100.00) \_\_\_\_\_

**4) Reason for referral: (check one and indicate income range)**

- |  |  |
|--|--|
| <input type="checkbox"/> # of children in family                 | Income Range:                                |
| <input type="checkbox"/> Single income household                 | <input type="checkbox"/> \$20,000 & under    |
| <input type="checkbox"/> Parent/Guardian(s) currently unemployed | <input type="checkbox"/> \$20,000 - \$30,000 |
| <input type="checkbox"/> Financial hardship                      | <input type="checkbox"/> \$30,000 - \$40,000 |
|  | <input type="checkbox"/> \$40,000 +          |

Office use only:

Date Received: \_\_\_\_\_ Application Approved: Yes No Reason: \_\_\_\_\_

Cheque Requested: \_\_\_\_\_  Program Registration Confirmed  Family Notified

Please return your **fully completed** form to: Fax 780-624-4664, or email: [communityservices@peaceriver.ca](mailto:communityservices@peaceriver.ca), by mail to Box 5162, Peace River, AB T8S 1R8 or in person at 10008 100 Ave, (upstairs in the Town Hall Building in Peace River).