



Application for Funding

Name: _____ Gender: _____

Disability: _____ Date of Birth: _____

Address: _____

Town/City: _____ Postal Code: _____

Email: _____

Phone (Home): _____ Phone (Other): _____

Family Member or Support Person: _____

Family/Support Contact Phone Number: _____

Who should the **Tournament of Hope** Contact regarding this application?

Contact the applicant Directly

Contact the Family Member or Support Person listed above

Please tell us what you would like funding assistance with (eg. equipment, renovation, assistive device, etc):

How much funding are you requesting towards the cost? \$ _____

If the Tournament of Hope is able to provide **partial funding**, how do you plan to fund the remaining cost (eg. savings, fundraising, government funding, ADP, etc)?

How did you hear about the Tournament of Hope?

Please return the completed application to:

The Tournament of Hope
c/o The Independent Living Centre of Waterloo Region
127 Victoria St. South, Suite 201
Kitchener, ON N2G 2B4

