



Avery Seca Youth In Sports Foundation  
2 Poplar Street, R.R. #1  
South River ON P0A 1X0  
[averyseca\\_yisfoundation@hotmail.com](mailto:averyseca_yisfoundation@hotmail.com)

## Avery Seca Youth in Sports Foundation – Guidelines for Application

The objective of the Avery Seca Youth in Sports Foundation is to assist youth in the Almaguin and Parry Sound Districts to pursue their dreams by providing assistance with registration costs, purchase of equipment or a sponsorship to pursue sports at the higher level.

### Guidelines

- Children under the age of 18 years who are residents of Ontario are eligible for a grant.
- Grants of a maximum of \$500 are to be used for the payment of sport participant/registration fees and equipment purchases (Travel to events and tournaments are not eligible expenses).
- Only one application per calendar year, for one eligible sport, may be submitted.
- Applications must be received prior to or during the requested season of sport. We recommend submitting your application as early as possible to allow for adequate evaluation time.
- Sport activities must be organized (a season of sport led by a qualified coach).

### Evaluation Criteria

- Financial need will be the primary method for evaluation of applications and determination of any grants awarded
- Other criteria include:
  - Social barriers to participation.
  - The legitimacy of the league or sport organization.

### Process

- An Adult Applicant (parent, guardian, counselor, coach or, friend) must initiate the application on behalf of the child.
- The Adult Applicant fills out sections 1 to 3 and passes the application on to the Endorser of the Application.
- The Endorser should be familiar with the applicant's financial situation as their signature verifies the family's need.
  - An endorser is a "community professional", who is an objective, independent, arm's-length individual who is familiar with the family and is in a professional position to identify and assess the family's specific economic and/or social barriers.
  - Examples of qualified endorsers are: social/community workers, doctors, principals/teachers, ministers, police officers, and government caseworkers.
- **The Endorser is required to prepare a written letter, on official letterhead**, providing a clear and detailed description of the economic and/or social barriers impacting the family, in addition to identifying the type and length of their professional relationship with the family.
- **The Endorser also completes section 4 of the application** and submits it along with their endorsement letter to The Avery Seca Youth in Sports Foundation.

### Grant Distribution

- Once the completed application is received and accepted by The Avery Seca Youth In Sports Foundation, a cheque will be sent to either the sport organization identified in section 2 or the adult sponsor identified in section 3 of the application.
- The Avery Seca Youth in Sports Foundation prefers to issue funds directly to the sport organization and will issue funds to the adult sponsor only if a receipt proving payment of registration fees is included with the application.
- Please keep a photocopy for your own records.
- Processing time will vary depending on the availability of funds, but in most cases will be within 30 days of receipt of application.

For more information or to request an application form please e-mail [averyseca\\_yisfoundation@hotmail.com](mailto:averyseca_yisfoundation@hotmail.com) or contact Dylan Seca 705-526-8489 or email [dylanseca@hotmail.com](mailto:dylanseca@hotmail.com) or Serena Seca-Wager 705-386-2120 or email [sk\\_wager@hotmail.ca](mailto:sk_wager@hotmail.ca)

**The Avery Seca Youth in Sports Foundation is sustained by contributions from individual and corporate sponsors. Contributions can be made payable to "Avery Seca Youth in Sports Foundation". Registered Charity # 817471022RR0001**

### Return applications to:

Avery Seca Youth in Sports Foundation c/o Serena Seca-Wager, 2 Poplar St., R.R.#1, South River, Ontario P0A 1X0



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All application forms and information contained therein will remain confidential. Non-identifying information may be used for statistical purposes only.



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## Avery Seca Youth in Sports Foundation - Sport Grant Application Form

### 1 Child/Youth Information

Name: \_\_\_\_\_ Birth Date (dd/mm/yy): \_\_\_\_\_ **M** **F**  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Tel: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Estimated Annual Household Income (confidential): \_\_\_\_\_  
Sport: \_\_\_\_\_ Sport Season (ie. Sept-March): \_\_\_\_\_  
Full Cost of Registration: \_\_\_\_\_ Grant Request (Max \$500): \_\_\_\_\_

### 2 Sport Organization

*Except in special cases, Avery Seca Youth in Sports Foundation will pay funds directly to the league or sport organizers, or will reimburse the applicant in the amount pledged by the organization upon being provided with a written receipt. Please ensure the organizations mailing address is correct. If you would like to be reimbursed directly, please submit a written receipt with this application.*

Club/League: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Contact: \_\_\_\_\_ Position: \_\_\_\_\_ Tel: (\_\_\_\_\_) \_\_\_\_\_

### 3 Adult Applicant

Name: \_\_\_\_\_ Tel: (\_\_\_\_\_) \_\_\_\_\_  
Relationship to athlete (parent, guardian, counselor, coach, friend, etc): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

I agree that the above information is accurate.

Signature of Adult Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### 4 Endorsement of Application

*The endorser ensures that funds go to a deserved applicant. He/she is a "community professional", who is an objective, independent, arm's-length individual who is familiar with the family and is in a professional position to identify and assess the family's specific economic and/or social barriers. Examples are included in the guidelines page above.*

The endorser is required to prepare a written letter, on official letterhead, providing a clear and detailed description of the economic/ social barriers impacting the family, in addition to identifying the type and length of their professional relationship with the family.

Name: \_\_\_\_\_ Relationship to family: \_\_\_\_\_  
Organization: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Tel: (w) (\_\_\_\_\_) (h) (\_\_\_\_\_) Email: \_\_\_\_\_

I have completely read & understood all application instructions and guidelines. Further, I believe all information on this application is true, and to verify, I agree to participate in a brief telephone follow-up if required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_