



CAMRT FOUNDATION
FONDATION DE L'ACTRM

CAMRT FOUNDATION GRANT APPLICATION

BASIC INSTRUCTIONS

The CAMRT Foundation Grant Application will include:

1. Completed application form
2. Reason for the request in detail (no more than 100 words)
3. The total amount of the request with proof of payment (receipts) for tuition- please provide receipts for May 1, **2022** - April 30, **2023**
4. Letters from the member's:
 - A. Employer indicating their financial assistance (including amount) or lack thereof
 - and
 - B. Provincial Association (PMA) indicating their financial assistance (including amount) or lack thereof
5. Proof of enrollment in course/program
6. The "Volunteer Acceptance Form"
7. A current CV

Deadline is April 1, **2023**, receipts may be sent in later to verify expenses.

PROCESS

- 1.) The applicant will forward their completed application by fax (1-613-234-1097) to the CAMRT Office or in pdf format via email to info@camrt.ca.
- 2.) The application will be forwarded to the Foundation President who will compile a synopsis of all applicants and forward to the Foundation Board of Directors.
- 3.) The Foundation Board of Directors will review the application and forward comments to the President.
- 4.) There is no Appeal Process. The decision of the Board is final.
- 5.) Notification of the decision, to the applicant, will follow by **July 2023**.



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Name:		CAMRT Registration Number:
CONTACT INFORMATION		
Address, City, Postal Code:		Home phone:
		Work phone:
Application Check List: <input type="checkbox"/> Written Request <input type="checkbox"/> Detailed budget <input type="checkbox"/> Receipts <input type="checkbox"/> Letter from employer <input type="checkbox"/> Letter from PMA <input type="checkbox"/> Current CV <input type="checkbox"/> Proof of enrollment in course/program <input type="checkbox"/> Acceptance to provide volunteer service		E-Mail Address:
		Social Insurance Number (required for T4A purposes):
ESTIMATED EXPENSES		
Tuition/Registration Fees (include receipts/ supporting documents)		\$
MINUS (-) Financial Assistance from other sources (please provide supporting documents)		\$
TOTAL AMOUNT OF REQUEST		\$
Identify the other organizations where financial assistance has been requested or received from: (see 3 A & B above <u>or</u> any other sources)		
Signature		Date of Application