

FINANCIAL ASSISTANCE FUND APPLICATION FORM

Name of Auxiliary _____

Address: _____

Telephone Number _____ Email _____

Purpose (1) Conference _____ (2) Speaker or Workshop _____

Location _____ Date _____

Name of Delegates _____

Description of Workshop / Speaker's Topic:

(1) Conference Expenses

Registration \$ _____

Accommodation \$ _____

Travel \$ _____

Total \$ _____

Amount Requested \$ _____

****Please note: Annual financial statement must be included with any application.***

Indicate how much your Auxiliary spent on education for your members during the last fiscal year.

Amount spent on education \$ _____

(2) Speaker or Workshop

Budget: Income

Registration fee x number

Registered \$ _____

Donations (if any) \$ _____

Total Projected Income \$ _____

Expenses:

Hall Rental \$ _____
Typing, photocopying, audio-video, etc. \$ _____
Telephone \$ _____
Speaker's expenses (travel, meals, fees) \$ _____
Other \$ _____

Total Projected Expenses \$ _____
Amount Requested \$ _____

Please forward application and relevant documents to:

BCAHA Secretary
1720 3 Ave SE, Salmon Arm, B.C. V1E 1K1

four weeks in advance of need for funding.

If approved, payment will be issued to originating Auxiliary (not an individual)

For BCAHA Use Only:

Date application received _____ Date grant approved _____