



**TSAWWASSEN FIRST NATION**  
s'əwaθən məsteyəx<sup>w</sup>

## **Tsawwassen First Nation**

# **Policy for Administering Children and Youth Grants**

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**February 2011**

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## **1) Mission Statement and Purpose**

The objective of this policy is to enable TFN Children and Youth to access accredited extra-curricular activities, through the provision of financial support, to support their emotional, physical, mental and spiritual development, which improve self-esteem and foster personal growth.

## **2) Eligibility**

**2.1** Eligible programs must be:

- 2.1.1** Related to education (e.g. tutoring, or lessons of some kind), or sporting activities (e.g. swimming lesson or club, hockey, soccer, etc.), and
- 2.1.2** Accredited by a relevant authority (e.g. Canadian Hockey Association, Canadian Soccer Association, Red Cross of Canada, Sylvan Learning Centre, etc.).

**2.2** Eligible recipients must:

- 2.2.1** Be a Tsawwassen Member who is eligible to receive instructional support services under the *Education, Health and Social Services Act* (Tsawwassen) or the *Instructional Support Services Regulation*, and

**2.3** The parent or legal guardian of an eligible recipient must be able to show to the manager of education satisfactory proof setting out how the extra-curricular activity being attended is an eligible program.

## **3) Process to apply for Grant:**

- 3.1** Applications must be made to the manager of education by completing the application form that appended to this and submitting it to the manager of education.
- 3.2** Parents or legal guardians may apply on behalf of an eligible recipient, and if that application is approved, he or she will receive up to \$150.00 to defray the costs of participating in an eligible program.



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## CHILD AND YOUTH GRANT APPLICATIONS

Student Name:

Date of Birth (dd/mm/yyyy):

Gender: M / F

Parent/Guardian Name:

Address:

School:

Grade:

Date of Application (dd/mm/yyyy):

Date Received (dd/mm/yyyy):

Name of program being attended:

\_\_\_\_\_

Type of activity: \_\_\_\_\_

Accrediting Body (if known): \_\_\_\_\_

### Declaration

I confirm the information supplied by me is true and complete, and confirm that I have legal custody of the child subject of this application. I understand that and I understand that I will be required to repay any grant issued as the result of any false or misleading information that I provided.

I consent to the verification of information provided regarding this application, or any updated or subsequently provided information. Information may be verified with any person or source, including information that I may have provided to TFN respecting distributions, for the purpose of determining or auditing my eligibility for the Children and Youth Grant.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Manager of Education and Skills Development

\_\_\_\_\_

Date

The information on this form is collected under the authority of section 9 of *the Education, Health and Social Development Act* (TFN). This information will be used to monitor attendance records. If you have any questions about the collection or use of this information, please contact the Manager, Education at (604) 943-2112.

TFN Use Only:

Code/Dept: \_\_\_\_\_

Make Cheque payable to parent/guardian in the amount of \$150.00