



FOR THE APPLICANT (YOUTH) TO COMPLETE

Why is this sport/physical activity important to you?

Signature of applicant  
(youth)

Signature of parent/caregiver for the applicant to receive funding (if applicant is  
under 18 years and living at home)

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Office Use Only (please circle below)

Approved

SMAP Amount Allocated     \$

Board Member

Board Member Signature