

2024/25 YOUTH HEALTH & WELLNESS FUNDING APPLICATION

A MARTIN

Last Name (on Status card):		First Name (on Status card):			
Mailing Address:	I	Date:			
City:	Province:	Province:		Postal Code:	
Phone:		Email:			
Splatsin Status Number:					
Birth Date:		Parent/Guardian Name:			
RECREATION OR HEALTH CATEGORY (CHECK AT LEAST ONE)					
Recreational fees (sport, arts, drama, music)		Extra-curricular fees (sport teams or field trips)			
Cultural or traditional activities (identified regional/provincial youth activities)					
Health user fees (dental, eye care, physiotherapy, speech therapy, massage, chiropractic, prescription drugs and podiatric)					
MAXIMUM \$500.00: Attached receipts must be dated on or after April 1, 2024					
All expenses claimed must <u>not</u> be eligible under First Nations Health Benefits, Social Assistance, Employee Health Benefits, Veteran's Benefits, or other resources available to the applicant.					
Description of expenses claimed:		Copy of receipt or invoice attached			
Amount \$:	Payable to (full r	name):	Parent/Guardian signature:		
FOR INTERNAL USE ONLY					
Finance (10-78450-050)		Administration			
Annual Funding Balance: \$					
Approved Amount: \$					
Finance Initials:	Date:	SEA Initials:		Date:	





ELIGIBILITY	HOW TO APPLY		
Applicants must be age 0-18 and be a current, registered Splatsin band member.	 Complete the above application form. Incomplete applications will not be processed. Please ensure your application is 		
Submitted receipts/invoices must be dated between April 1, 20204 and March 31, 2025. Up to <u>\$500.00</u> per applicant is available. Funding is subject to change.	 complete before submitting. 2. Attach applicable receipts or invoices. 3. Drop off or mail the completed 		
 Extra-curricular activities (sports or field trip fees). Recreational fees (sports, music, arts and drama). 	application to the Splatsin Administration Office at the address below or email it to receptionist@splatsin.ca.		
 Cultural/traditional activity fees (Canoe Journey, Gathering Our Voices and other identified provincial and regional youth activities). Health fees (eyecare, prescription drugs, physiotherapy, massage therapy, speech therapy, chiropractic and podiatry). 	4. Wait up to 4 weeks to receive your cheque. Note: All cheques that are not reimbursements will be mailed to the service provider or organization.		

Responsibilities of the Applicant:

- Submit a complete application on or before March 31, 2025.
- Attach an original or copy of receipts or invoices, dated within the eligible funding period (see above).
- Allow the Finance Department up to 4 weeks to process your application

Splatsin Administration Office

5775 Old Vernon Road PO BOX 460 V0E 1V0 Email: <u>receptionist@splatsin.ca</u> Phone: (250) 838-6496

