



## 2024/25 YOUTH HEALTH & WELLNESS FUNDING APPLICATION

MAIL OUT / PICK UP

Last Name (on Status card):		First Name (on Status card):	
Mailing Address:			Date:
City:	Province:	Postal Code:	
Phone:		Email:	
Splatsin Status Number:			
Birth Date:		Parent/Guardian Name:	
<b>RECREATION OR HEALTH CATEGORY (CHECK AT LEAST ONE)</b>			
<input type="checkbox"/> Recreational fees (sport, arts, drama, music)		<input type="checkbox"/> Extra-curricular fees (sport teams or field trips)	
<input type="checkbox"/> Cultural or traditional activities (identified regional/provincial youth activities)			
<input type="checkbox"/> Health user fees (dental, eye care, physiotherapy, speech therapy, massage, chiropractic, prescription drugs and podiatric)			
<b>MAXIMUM \$500.00: Attached receipts must be dated on or after April 1, 2024</b>			
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:		<input type="checkbox"/> Original receipt or invoice attached	
Amount \$:	Payable to (full name):	Parent/Guardian signature:	
<b>FOR INTERNAL USE ONLY</b>			
Finance (10-78450-050)		Administration	
Annual Funding Balance: \$			
Approved Amount: \$			
Finance Initials:	Date:	Administrator Initials:	Date:





# Administration

ELIGIBILITY	HOW TO APPLY
<p>Applicants must be age 0-18 and be a current, registered Splat-sin band member.</p>	<ol style="list-style-type: none"> <li>1. Complete the above application form. Incomplete applications will not be processed. Please ensure your application is complete before submitting.</li> </ol>
<p>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.</p>	<ol style="list-style-type: none"> <li>2. Attach applicable receipts or invoices.</li> </ol>
<ul style="list-style-type: none"> <li>• Extra-curricular activities (sports or field trip fees).</li> <li>• Recreational fees (sports, music, arts and drama).</li> <li>• Cultural/traditional activity fees (Canoe Journey, Gathering Our Voices and other identified provincial and regional youth activities).</li> <li>• Health fees (eyecare, prescription drugs, physiotherapy, massage therapy, speech therapy, chiropractic and podiatry).</li> </ul>	<ol style="list-style-type: none"> <li>3. Drop off or mail the completed application to the Splat-sin Administration Office at the address below or email it to <a href="mailto:receptionist@splatsin.ca">receptionist@splatsin.ca</a>.</li> <li>4. Wait up to 4 weeks to receive your cheque. <i>Note: All cheques that are not reimbursements will be mailed to the service provider or organization.</i></li> </ol>
<p><b>Responsibilities of the Applicant:</b></p> <ul style="list-style-type: none"> <li>• Submit a complete application on or <u>before March 31, 2025</u>.</li> <li>• Attach an original or copy of receipts or invoices, dated within the eligible funding period (see above).</li> <li>• Allow the Finance Department <u>up to 4 weeks</u> to process your application</li> </ul>	

**Splatsin Administration Office**  
 5775 Old Vernon Road  
 PO BOX 460  
 V0E 1V0

Email: [receptionist@splatsin.ca](mailto:receptionist@splatsin.ca)  
 Phone: (250) 838-6496

