

# TRRUST Opportunity Fund Application

Date of Application: \_\_\_\_\_

Opportunity Requested: \_\_\_\_\_ Amount Requested (Max \$200): \_\_\_\_\_

PERSONAL INFORMATION				
Last Name		First Name		Middle Initial
Address		City	Province	Postal Code
Home Phone	Cell Phone	Email Address		
Guardian Name		Guardian Phone		

What is your date of birth (day/month/year)? \_\_\_\_\_

- Are you currently in government care\*?  Yes  No
- If so, have you asked MCFD for funding for this opportunity?  Yes  No
- Were you previously in government care\*?  Yes  No
- Have you tried this opportunity before?  Yes  No

\*Government care is defined here as experience with one or more of the following: Continuing Custody Order (CCO); Temporary Care Order (TCO); Special Needs Agreement; Voluntary Care Agreement (VCA); Youth Agreement (YAG); Adoption; Extended Family Program; Permanent Transfer of Custody Order; Temporary Transfer of Custody; Interim Custody Order; and/or Child in Home of Relative.

PROGRAM INFORMATION			
Organization Name and Contact	Program Name	Start/End Date	Cost

SUPPLIES INFORMATION	
Supplies Requested (travel expenses and sporting equipment will not be approved)	Cost

## ACKNOWLEDGEMENT and AUTHORIZATION

I certify that all answers given are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date