

**FINANCIAL ASSISTANCE FUND APPLICATION FORM**

Name of Auxiliary \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

Purpose (1) Conference \_\_\_\_\_ (2) Speaker or Workshop \_\_\_\_\_

Location \_\_\_\_\_ Date \_\_\_\_\_

Name of Delegates \_\_\_\_\_

Description of Workshop / Speaker's Topic:

**(1) Conference Expenses**

Registration \$ \_\_\_\_\_

Accommodation \$ \_\_\_\_\_

Travel \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_

***\*Please note: Annual financial statement must be included with any application.***

*Indicate how much your Auxiliary spent on education for your members during the last fiscal year.*

*Amount spent on education \$ \_\_\_\_\_*

**(2) Speaker or Workshop**

**Budget: Income**

Registration fee x number

Registered \$ \_\_\_\_\_

Donations (if any) \$ \_\_\_\_\_

**Total Projected Income \$ \_\_\_\_\_**

**Expenses:**

Hall Rental \$ \_\_\_\_\_  
Typing, photocopying, audio-video, etc. \$ \_\_\_\_\_  
Telephone \$ \_\_\_\_\_  
Speaker's expenses (travel, meals, fees) \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_

**Total Projected Expenses** \$ \_\_\_\_\_  
Amount Requested \$ \_\_\_\_\_

Please forward application and relevant documents to:

BCAHA Secretary  
Box 623, Revelstoke, BC V0E 2S0

four weeks in advance of need for funding.

If approved, payment will be issued to originating Auxiliary (not an individual)

**For BCAHA Use Only:**

Date application received \_\_\_\_\_ Date grant approved \_\_\_\_\_