CADS-Alberta David Holmes Memorial Bursary

STUDENT LESSON FEES

Canadian Adaptive Snowsports – Alberta

Snowsports with a Difference

11759 GROAT ROAD • EDMONTON, ALBERTA • T5M 3K6
PHONE (780) 427.8104 • cadsab@cadsalberta.ca • www.cadsalberta.ca

David Holmes was an active CADS skier from 1992-2008. David faced some difficult challenges in his life. He dealt with these challenges with courage and patience, enjoying an active life that included skiing, swimming and music. Skiing fulfilled an important need for movement and speed for David. Skiing was not easy for David, but the experience was worth it! In all of David's challenges; David and his family enjoyed skiing and his Friday evenings with the CADS community. In memory of David, a fund has been set up so that others may share the same great experience that David did!

THERE ARE A LIMITED AMOUNT OF GRANTS AVAILABLE, SO APPLICANTS ARE ENCOURAGED TO SUBMIT EARLY.

PARTICIPANT INFORMATION:	
SURNAME:	FIRST NAME:
DATE OF BIRTH (M/D/Y): / /	GENDER: ☐ MALE ☐ FEMALE
ADDRESS:	
CITY:	POSTAL CODE:
PHONE: HOME WORK	E-MAIL:

ADULT INFORMATION: (PARENT/GUARDIAN/ENDORSER IF APPLICANT IS A CHILD OR DEPENDENT ADULT)	
NAME:	RELATIONSHIP TO PARTICIPANT:
ADDRESS: (IF DIFERENT)	
CITY:	POSTAL CODE:
PHONE: HOME WORK	E-MAIL:
PARENT/GUARDIAN/ENDORSER SIGNATURE:	

CADS PROGRAM INFORMATION:	
CADS LOCATION/REGION:	REGISTRATION FEE:
SUBSIDY/DISCOUNT FROM PROGRAM:	TOTAL AMOUNT REQUESTED FROM CADS-ALBERTA: (MAXIMUM $200)
CADS LOCAL REPRESENTATIVE: (PLEASE PRINT)	SIGNATURE:

FINANCIAL VERIFICATION REFERENCE: THIS SECTION **MUST** BE COMPLETED BY THE REFERENCE PRIOR TO SUBMITTING APPLICATION. PLEASE SEE GUIDELINES BELOW.	
SURNAME:	FIRST NAME:
POSITION:	ORGANIZATION:
ADDRESS:	
CITY:	POSTAL CODE:
PHONE:	E-MAIL:
I have thoroughly read and understood the guidelines of the David Holmes Memorial Fund and agree this applicant meets the guidelines. I believe the applicant/family has financial need and the grant is essential to the applicant's participation in an adaptive ski program. I agree to participate in a brief telephone follow-up if required.	SIGNATURE OF REFERENCE: DATE:

The Reference is the most important step in the process. This individual verifies that without assistance this person would not be able to participate in the adaptive ski program. The Reference acts as an objective third party who is familiar with the participant's family and is in a professional position to assess the social and economic barriers facing the family.

- A Reference can be a professional in social work or family services, a school principal or counsellor, a senior recreation administrator, accountant, law enforcement officer, a registered physician, or a member of authority of a religious community.
- References, other than those listed, may be considered if a written letter from the potential Reference outlining the financial need of the family is included with the application.
- References cannot be associated with the Adaptive Ski Program and they cannot be a family member.

Grant Distribution:

- Once the completed application is received and approved by CADS-Alberta, a cheque will be sent to the adaptive ski program.
- Please keep a photocopy of the application for your records
- Please allow 60 days for processing.

SUBMIT GRANT APPLICATION

MAIL: CADS-Alberta
11759 Groat Road
Edmonton, Alberta
T5M 3K6

EMAIL: cadsab@cadsalberta.ca

QUESTIONS? Call (780) 427.8104

Web: www.cadsalberta.ca