

**RICHMOND COUNTY YOUTH ADVISORY COUNCIL
APPLICATION FORM**

Please send completed for to:
Clifford Boudreau
Richmond County Recreation Director
Box 120
Arichat, NS B0E 1A0

or Fax or email to:
Fax: 226-0295
Email: cboudreau@richmondcounty.ca

Date:

Sponsoring Organization:

Address:

Name of person filing out form:

Telephone:

Funding Request Information:

Purpose:

Total Program Costs: \$

Funding requested: \$

Signature:

<p>Office Use Only:</p> <p>Accepted: _____</p> <p>More information required: _____</p> <p>Rejected: _____</p> <p>Date: _____</p>
