



HCBC Education Grant Application

Applicant Contact Details

Application Date: _____

Club/Affiliate Name: _____

Contact Person: _____

E-mail: _____ Phone Number: _____

Education Event Details

Name of Event: _____

Date(s): _____

Location: _____

Name of Educator & Bio:

Where is Event being Advertised: _____

Type of Event

Please Select all that apply

Classroom:

Demonstration:

Mounted:

How to do Participants register:

Description of Event:

Budget

INCOME

Registrations _____

Donations or Sponsorships (Excluding HCBC) _____

Total _____

EXPENSES

(include facility fees, educator costs, etc.)

Facility _____

Educator _____

Supplies _____

Other _____

Total _____

Profit/Loss _____

Grant covers expenses up to 50% of the total cost, with a maximum of \$500.

Please Return All completed documents to finance@hcbc.ca

Office Use Only

Date Reviewed : _____

Amount Approved: _____

Approval Email Sent: _____

Comments: