



## HCBC Education Grant Application

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### Applicant Contact Details

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

Club/Affiliate Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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### 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:**

Is this event open to non members? \_\_\_\_\_

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](mailto:finance@hcbc.ca)*

### Office Use Only

Date Reviewed : \_\_\_\_\_

Amount Approved: \_\_\_\_\_

Approval Email Sent: \_\_\_\_\_

Comments: