



## Creative Culture Connections Program | Application Form

All information provided is confidential. Upon confirmation of income and residency, all copies of documents will be destroyed.

1. Please complete both sides of this application in ink - please print your responses neatly.
2. Email the completed application form and supporting documents to [fcss@leduc.ca](mailto:fcss@leduc.ca) OR; Mail/drop off to: FCSS, Leduc Civic Centre, #1 Alexandra Park, Leduc.
3. FCSS will email both parties (applicant and organization) to confirm application status once reviewed.
4. Once approved, payment will be issued directly to the Organization (not the applicant).
5. Please contact FCSS with any questions or concerns 780-980-7109.

### Applicant's Information

Name: \_\_\_\_\_  
first name last name

Mailing Address: \_\_\_\_\_  
town/city postal code

Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
home cell

Parent/Guardian Name:  
(if applicable) \_\_\_\_\_

Email: \_\_\_\_\_

### Income Verification for all adults in the home

(please supply **ONE** of the documents listed below)

How many adults (18 + years old) live in your household: \_\_\_\_\_  
Total number of family members living in your household: \_\_\_\_\_

- Notice of Assessment from the most recent tax year for **all adults in household (OR)**;
- Two most recent pay stubs or a Bank Statement for **all adults in the household (OR)**;
- current AISH or Income Support Statement.

### Residency Verification

**The program is available to qualifying City of Leduc and Rural Leduc County residents only.**

You must provide a copy of one of the following items that includes the applicant's name and current address. Please check the appropriate box for the item you have included with your application:

- Most Current Notice of Assessment
- Recent bank statement or utility bill
- Municipal tax notice with address and/or legal land description
- Copy of Driver's License
- Copy of a current Lease Agreement

**Art/Culture Activity Details: Where are you registering, and for what kind of activity?**

Organization: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

Type of Activity: *(i.e. painting, guitar, choir, etc.)* \_\_\_\_\_

Activity Fee:  
*(Maximum funding available is \$200 per year)* \_\_\_\_\_

Activity Start Date: \_\_\_\_\_

How often is the activity per week? \_\_\_\_\_

Activity Completion Date: \_\_\_\_\_

**Please include a copy of registration verification.  
Applications cannot be approved without confirmation of registration.**

**I declare the applicant is registered for the above activity and is not receiving any other sources of funding for this program:**

\_\_\_\_\_  
Name (Applicant/Parent/Guardian)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Office Use Only**

**Meets Eligibly Requirements: Yes or No (circle one)**

Application received on \_\_\_\_\_

Application has been  approved  declined

Approved by: \_\_\_\_\_

Comments: \_\_\_\_\_