



ALEXANDRA WRITERS' CENTRE SOCIETY

*To inspire and mentor a passion for writing.*

## **J MICHAEL FAY SUBSIDY PROGRAM APPLICATION FORM**

Whether you are dealing with trauma, ready to explore a new avenue of creative expression, delving into a long-loved passion for the literary arts we believe art should be accessible to everyone.

Based on the philosophy of “no writer left behind”, the J. Michael Fay Subsidy Program is available to anyone who finds themselves in financial need but really wants or needs to participate in one of our programs or classes.

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

### **APPLICANT INFORMATION**

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

### **SUBSIDY REQUEST**

Please list what you would like for us to cover. (Be specific. For memberships, please specify which type. For courses and workshops, please include the name and start date. Include the listed fees.)

Name and Date	Fee
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	TOTAL: \$ _____

Are you able to cover part of the cost?  YES  NO

If yes, how much? \$ \_\_\_\_\_

TOTAL SUBSIDY REQUEST: \$ \_\_\_\_\_



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**REASON FOR APPLICATION**

Please indicate below what is most relevant to you:

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> AISH         | <input type="checkbox"/> Student (K-12 or post-secondary) |
| <input type="checkbox"/> Fixed Income | <input type="checkbox"/> Professional Development         |
| <input type="checkbox"/> Unemployed   | <input type="checkbox"/> Mental Health Support            |
| <input type="checkbox"/> COVID-19     | <input type="checkbox"/> Other: _____                     |

Please explain your need at this time.

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\_\_\_\_\_  
Signature of Applicant or Parent/Guardian

\_\_\_\_\_  
Date

**PRIVACY STATEMENT**

By signing this form, consent is given to have personal client information reviewed and retained by the Alexandra Writers Centre Society (AWCS) for the purpose of the subsidy application process. AWCS will not sell, share, or rent any personal client information. AWCS is not responsible for any intercepted information sent through any unsecured wireless devices. If you have questions or concerns about the collection and retention of personal information, please contact the Executive Director at 403.264.4730 or by email to [rvaneck@alexandrawriters.org](mailto:rvaneck@alexandrawriters.org).