



To inspire and mentor a passion for writing.

## SUBSIDY REQUEST FORM

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

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

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

Membership Type: \_\_\_\_\_ \$ \_\_\_\_\_

Course(s)/Program: \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

SUBSIDY REQUEST \$ \_\_\_\_\_

Reason for Request:

AISH  Retired  Fixed Income Unemployed Other  : \_\_\_\_\_

Briefly explain need at this time.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
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 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 Program Director at (403).264.4730 or by email at [rvaneck@alexandrawriters.org](mailto:rvaneck@alexandrawriters.org).