



**Nicole Waldron
Travel Grant Memorial Fund
Application**

Name of LPBC Member: _____

Parents Names if Member is under 16: _____

Address: _____

Postal Code: _____

Phone: _____

MEMBERSHIP IN LPBC SINCE: _____

This grant is in support of LPBC Members requiring some financial assistance in order to attend the LPBC Annual General Meeting:

Date of AGM: _____

Address : _____

ESTIMATED EXPENSES:

Travel Costs: _____

Hotel Costs: _____

Estimated Food Costs: _____

Miscellaneous: _____

IF THERE ARE SPECIAL CIRCUMSTANCES WHICH MAKE IT NECESSARY TO APPLY FOR ASSISTANCE PLEASE EXPLAIN HERE:

PLEASE SEND COMPLETED APPLICATION TO:

LITTLE PEOPLE OF BRITISH COLUMBIA
PO BOX 409 7101C-120th ST, DELTA, BC, V4E 2A9

Note: Applications will be scanned and sent to Debbie Waldron. Nicole's parent will be the sole decision makers in how much to award to the applicants dependent on the amount available in the fund. The funds to be distributed from LPBC via cheque upon signed approval from Debbie Waldron.

Amount Awarded: _____

Approved By: _____
Debbie Waldron