



## APPLICATION FOR FUNDING

Please complete the following information and forward it along with your funding proposal.

<b>APPLICATION FOR FUNDING COVER SHEET</b>	
Organization Name:	
Contact Name:	Contact Title:
Mailing Address:	
City:	Province:
Postal Code:	Phone Number:
Fax Number:	E-mail address:
Charitable Registration Number (if applicable):	
Brief description of the purpose of the funding request:	
Total amount of funding being requested from Scotiabank:	
Total amount of previous funding received from Scotiabank:	

Your fully completed funding proposal will be reviewed by a committee and responses provided usually within 90 days.

Please forward your completed funding request to:

Director  
Donations & Sponsorships  
44 King Street West  
Toronto, Ontario M5H 1H1  
(416)866-4293