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## FINANCIAL ASSISTANCE APPLICATION

Name: \_\_\_\_\_  
last first middle  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Amount Requested: \$\_\_\_\_\_

The Player Development Trust Fund (PDTF) solicits donations from individuals, golf clubs, and corporations to ensure that all deserving young golfers have the opportunity to develop their skills and attend British Columbia Golf sanctioned events regardless of financial circumstance. To fulfill this mandate, the PDTF requires that a letter stating family annual income and the reasons for requiring assistance accompany the application. In the event that an application is made for a subsequent event, such a letter is not required. All information is held in strict confidence by the PDTF Board.

Event Name: \_\_\_\_\_  
Request for financial assistance must be made prior to the date of the event.

Entry Fee: \_\_\_\_\_ Date of Event: \_\_\_\_\_

List other places where funding has been sought:

\_\_\_\_\_

Would lack of funding prohibit the player from attending the event? yes \_\_\_\_\_ no \_\_\_\_\_

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

Has travel and accommodation sharing been considered? yes \_\_\_\_\_ no \_\_\_\_\_

*Players awarded financial assistance must provide receipts to demonstrate how the funding was used. Should the player be unable to attend the event all monies awarded must be returned to the Player Development Trust Fund.*

\_\_\_\_\_  
Player's Signature

\_\_\_\_\_  
Parent/Guardian Signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Forward your completed application to: Mr. Ray Flynn, Chairman  
116 - 45900 South Sumas Rd.  
Chilliwack, BC  
V2R 0S9