

MENTORING MATTERS FUND



BBBS MISSION

We commit to being leaders in the provision and development of quality volunteer-based mentoring programs for all youth who need our service.

PURPOSE OF FUND

To support the Matched and Waiting Children and Youth in any Big Brothers Big Sisters of Colchester program to ensure all young people are granted opportunities to thrive through mentorship, while working within the parameters of our Organization’s Mission and Values.

CRITERIA

This program is intended to assist families with demonstrated financial need to support children and youth to experience mentorship through existing platforms and environments. Some expenses that align to our mandate that would be supported include:

- Sports Registration & equipment
- Cooking class
- Band or Music lessons or equipment
- Horseback riding
- Other facilitated extracurricular activities

<p>Items that do not fit this Program:</p> <ul style="list-style-type: none">• Clothing• Meals• Mileage• Living Expenses• Student Related Fees

ELIGIBILITY

Parents, guardians and/or volunteer mentors are eligible to apply for funding for children and youth in a Big Brothers Big Sisters program. Payment must be made directly to an organization or business providing the product or service that funding is being requested for.

Big Brothers Big Sisters will not make payment directly to the applicant, nor will they reimburse applicants for costs already incurred. It is strongly encouraged that applicants demonstrate that they have investigated other resources within the community that are mandated to support families financially, and to demonstrate in-kind contributions for the product or service.

Only one (1) request can be made per calendar year per child/youth for a maximum of \$300 (including any tax cost).



Big Brothers Big Sisters
of Colchester

Mentoring Matters Funding Request

Name of Participant: _____ Age: _____

Parent's Name: _____ Phone #: _____

Email address: _____

Mailing Address: _____

Is the youth matched with a volunteer? _____

If yes, volunteer's name: _____

How many reside in your household? _____ Adults _____ Children/Youth (0-17) _____

Please describe how your family could benefit from financial assistance.

Describe activity or service requested:

Start date of activity (if applicable): _____ Duration: _____

Total Cost: _____ Family Contribution: _____ Amount Requested from BBBS: _____
(Max \$300/child/year)

If approved, to whom should the cheque be made payable: _____

Phone number of organization named above: _____

Mailing address: _____

Describe how to activity encourages mentorship and will benefit the participant.

Signature of person completing application: _____

Relationship to youth: _____ Date: _____ Phone #: _____

* Parent's Signature: _____ Date: _____

Please submit this completed form to the Big Brothers Big Sisters of Colchester Office in person, emailed to info@colchesterkids.ca, or mailed to 309 Highway 311, North River, B6L 6G9 and allow 3 weeks to process your application.

Approved: Yes _____ No _____ Amount: _____

Date Paid: _____