



The Academy of FDC Training Grant Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City Province Postal Code

Phone: _____ Email _____

Are you a Canadian citizen/perm. resident? YES NO

For which grant are you applying?

AFDC Training Boost Grant (for non-AFDC-certified applicants)

AFDC-Certified AC Training Boost Grant (for AFDC-certified member applicants)

Have you applied for this grant before? YES NO If so, when? _____

Application Checklist

Please include the following in your submission:

1. This application, completed and signed
2. Your artistic resumé (and headshot, if you would like to include it)
3. Your letter(s) of support (at least 1, maximum 2)
4. Your responses to the "You and Your Perspective" questions

References

For verification purposes, please provide phone and/or email contact information for your support references.

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Declaration and Signature

I certify that the information I've provided in my application is true and complete to the best of my knowledge.

Signature: _____ Date: _____