



**APSEA**

Serving Children and Youth Who are Deaf,  
Hard of Hearing/Blind or Visually Impaired

## GUIDELINES

### RECREATION/SOCIAL/CULTURAL OPPORTUNITIES GRANT SUMMER CAMP GRANT/ SUMMER SUPPORT GRANT FUNDED BY THE APSEA BLIND OR VISUALLY IMPAIRED (BVI) TRUST FUND

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#### GUIDELINES

Students who are blind or visually impaired can access funding to support various activities/events throughout the year. There are several grant opportunities available and descriptions are provided below. An application for these funds must be completed and submitted by the dates noted. Applicants will be notified of approved funds as soon as possible.

**Applications for all grants/events must be received four (4) weeks prior to the activity.**

Return completed applications to the following by mail, fax or email:

**Administrative Assistant, BVI Programs**

**5940 South Street, Halifax, NS B3H 1S6**

**Fax: 902-423-8700**

**Email: [bvi@apsea.ca](mailto:bvi@apsea.ca)**

#### **APSEA Recreational/Social/Cultural Opportunity Grants**

**Amount: Variable based on application**

Funding options are available to support recreational, social, or cultural opportunities for children and youth who are blind or visually impaired and their families (where applicable).

Funding is provided when there is evidence that funds are unavailable from any other source and are cost shared, where possible, by the individual. In exceptional circumstances, 100% funding may be considered

Applications are accepted for the following activities:

- a) student exchanges
- b) summer camps
- c) summer support
- d) job coaching
- e) teen weekends
- f) student conferences/seminars/meetings
- g) sports/recreation/fine arts
- h) parent information sessions/parent in-services
- i) student/parent/teacher social events
- j) other proposals as approved by the Trust Fund Committee

**Summer Camp Grant**

**Amount: Variable based on application**

Annually, an amount shall be made available to support the provision of a summer camp for children who are blind or visually impaired.

**Summer Support Grant**

**Amount: Variable based on application**

The Summer Support Grant provides funding for a support worker to accompany a student to an established recreation, sport and leisure programs for students served by APSEA who would otherwise not be able to participate in these programs due to their sensory loss. Funds are available for this program during the months of July and August.

**Successful applicants will be notified in writing.  
Payment will be made once all requirements are met.**

## **APPLICATION FORM**

**RECREATION/SOCIAL/CULTURAL OPPORTUNITIES GRANTS  
SUMMER CAMP GRANTS / SUMMER SUPPORT GRANT  
FUNDED BY THE APSEA BLIND OR VISUALLY IMPAIRED (BVI) TRUST FUND**

➤ Which grant are you apply for?

Recreational/Social/Cultural Opportunity Grant

Summer Camp Grant

Summer Support Grant

### **APPLICANT INFORMATION**

<b>Applicant Name:</b>	
<b>Home Address:</b>	
<b>Email Address:</b>	
<b>Phone Number:</b>	
<b>Cell Number:</b>	

### **DESCRIPTIVE INFORMATION**

<b>Description of activity (Include the date/time of activity):</b>	
<b>Cost of Activity or Support Worker (Indicate number of hours):</b>	
<b>Amounts contributed by other individuals or groups.</b>	

<b>Other sources of funding explored and/or received:</b>	
<b>Additional information:</b>	
<b>Payment should be made to (complete name and mailing address including postal code):</b>	

I certify that the information on this application is, to the best of my knowledge, true and complete.

**Name of Person Completing Form:** \_\_\_\_\_

**Relationship to Applicant (if not self)** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

**FOR APSEA OFFICE USE:**

<b>Application Approval</b>	
<b>Date Application Reviewed:</b>	
<b>Application Approved:</b>	YES      NO
<b>Amount Approved for Payment:</b>	

<b>Payment Approval</b>	
<b>Signature of Director of Finance &amp; Administration:</b>	
<b>Date:</b>	