



North Durham Region  
21980 Highway #12  
Sunderland, ON L0C 1H0

Providing support to families with children  
who have barriers to learning

Application for Financial Assistance

Part A General Information

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Birth date \_\_\_\_\_

Name of Parent(s) or Guardian \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email address \_\_\_\_\_

Is this your first application to Precious Minds?  Yes  No

If you have applied before, please proceed to Part B.

Name and ages of sibling(s) \_\_\_\_\_

Area(s) of concerns for this child \_\_\_\_\_

Part B Purpose of Application

To apply for funding from Precious Minds, the child with special needs must be no older than 18 and reside in North Durham Region. Funds may be provided for extra costs to the family to enhance the learning of this child. The approval of funding will be at the discretion of the Funds Committee and money will be payable to the agency or person providing the service.

Applicant's Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Relationship to child \_\_\_\_\_

Specific purpose for these funds \_\_\_\_\_

How are you hoping this will help your child? \_\_\_\_\_

Total Cost of Service/device: \_\_\_\_\_ Date required \_\_\_\_\_

**\*Have all other sources of potential financial assistance been enquired of? (i.e. insurance plans, ADP, ACSD, SSAH, etc.)**

YES  NO, I need help with contact information.

Payable to: Name of agency or person providing service \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Contact \_\_\_\_\_

I agree to the sharing of personal information between the service provider and Precious Minds for purposes related to processing this application.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

*Please allow two weeks for review. A member of Precious Minds will contact you*