

Tips to complete the Possibilities Grant application

ICOF Employer Information

Please provide your name, address and contact information.

AMOUNT OF MONEY REQUESTED

You can request up to \$1200, but you do not have to request that much! If your dream costs less, then request less.

How do you plan to use this money? Please provide details.

Tell us what you love about your dream and why it is so important to you. Tell us what you are going to do with the money. We care and we want to know! The more you love it, the better!

How did you decide to the amount of money you need? Did you do research?

How did you determined the cost? For example: Did you find a price in a flyer? Did you research hotels and other costs associated with travelling? Did you do research on the computer? Did you talk about it with a family member or friend?

If the Possibility Grant can only cover a portion of your request, do you have other ideas to fund the remaining amount?

- Have you explored other grant opportunities?
- Do you have savings you can use?
- Have you discussed your ideas with your support network or Resource Coordinator?

Did someone assist you to complete this form? If yes, please provide their name and email address and provide information on how you were supported?

This fund is for you! It should be your dream and it is important that the dream comes from your heart. We want to ensure that your voice is heard!

ICOF employers are encouraged to apply and lead the application (as much as possible).

Possibility Grant Application

ICOF Employer Information

Name of ICOF Employer _____
Address _____
City, Province _____
Postal Code _____
Phone Number _____
Email Address _____

 AMOUNT OF MONEY REQUESTED: _____
(Maximum Request: \$1200)

How do you plan to use the money? Please provide details.



How did you decide on the amount of money you need to fulfill your dream?
Did you do research?



If the Possibility Grant can only cover a portion of your request, do you have other ideas to fund the remaining amount?

Did someone assist you, the ICOF Employer, to complete this form?
If yes, please provide their name and email address and provide information on how you were supported.


