



TRAVEL ASSISTANCE PROGRAM

101-205 Hawkins Street, Whitehorse, YT Y1A 1X3
(867) 633-7892 or 1-800-661-0555, ext 7892

APPLICATION FORM

Applications should be submitted two months prior to departure.

APPLICANT INFORMATION

Applicant/Organization Name: _____

Affiliate/Extra Curricular Group Name: _____

Mailing Address: _____

Town/City: _____ Postal Code: _____

Contact Person: _____ Position/Title: _____

Daytime Telephone: _____ Email: _____

Is the organization registered, and in good standing under the *Yukon Societies Act*? Yes No

Has your organization completed a minimum of two years of sustained, regular, ongoing programming in your community as of the date of the application? Yes, established in: _____ No

Is the travel to: *(check one)*

- competition
- adjudicated event

Event Description:

TRAVEL DETAILS

Attach the following:

- a list of participant names;
- proposed budget (revenues and expenditures); and
- a completed event registration or entry form.

Travel to: *(check one)*

- In Yukon Alaska Outside of Yukon

Point of Origin: _____ Destination: _____

Departure date: _____ Return date: _____

Participants: _____ # Support person(s): _____ Total # travelling : _____

CALCULATION OF ELIGIBLE ASSISTANCE

In Yukon/Alaska Travel

6¢ x _____ km (return trip) x _____ # of eligible travellers = \$ _____

50% eligible airfare/ferry costs _____ x _____ # of eligible travellers = \$ _____

Bus charter expense = \$ _____

Total In-Yukon/Alaska Travel Request: \$ _____

Out of Yukon Travel

\$200/person x _____ total number of eligible travellers = \$ _____

Non-Whitehorse mileage from their community to Whitehorse:

6¢ x _____ km (return trip) x _____ total # of eligible travellers = \$ _____

Total Out of Yukon Travel Request: \$ _____

APPLICATION CHECKLIST

The following is required to complete this application:

- list of participants and support persons
- copy of completed entry form or registration for competition or adjudicated event
- proposed project budget (*identifying all revenues and expenses*)
- extra-curricular groups: include details of current extra-curricular activities
- extra-curricular groups: application signed by the school principal
- affiliate: application signed by parent organization executive members
- application signed by two members who meet the signing authority requirements of the organization
- application submitted prior to travel commencing

APPLICATION SIGNATURES

Signatures are required from two members who meet the signing authority requirements of the applicant. For extra curricular school groups the principal's signature is required.

We the undersigned, acknowledge that we have read the application guidelines and declare that the information contained in this application is correct; the organization does not owe any money to the Yukon government; all other sources of funding have been disclosed; and that should this application be approved all funds will be used for the stated purpose.

Name: _____ Position/Title: _____

Signature: _____ Date: _____

Name: _____ Position/Title: _____

Signature: _____ Date: _____

Personal Information is collected under the authority of the Public Lottery Regulations and will be used only for the purpose of administering the Travel Assistance Program.

For further information, contact the General Manager, Lotteries Yukon, 101-205 Hawkins Street, Whitehorse, YT Y1A 1X3 or 867-633-7899, toll free within Yukon 1-800-661-0555, extension 7899.