



Name: \_\_\_\_\_ Age: \_\_\_\_\_ Operation Name: \_\_\_\_\_

Description of Operation: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Social Media: Twitter: \_\_\_\_\_ LinkedIn: \_\_\_\_\_

**APPLICATION FOR FINANCIAL SUPPORT TO ATTEND EDUCATIONAL AND/OR LEADERSHIP EVENT/CONFERENCE:**

1. Name of Event: \_\_\_\_\_

2. Hosting Organization: \_\_\_\_\_

3. Dates: \_\_\_\_\_

4. Location: \_\_\_\_\_

5. Agenda *(please attach a copy of the event's agenda)*

6. Budget / Cost Estimate  
*(please provide the details of the expenses you will incur to attend)* →

EXPENSE	TOTAL COST
Conference Registration	
Travel	
Air	
Ground	
Accommodations	
Meals	
Other	
<b>GRAND TOTAL</b>	<b>\$</b>

**DECLARATION:**

I am a member of a provincial young farmers organization affiliated with CYFF.  
 I declare that the information contained in this application is true and accurate. I agree to:

- complete a one page questionnaire on my operation and provide at least one photo or a short video clip of my operation

**AND**

- complete a short questionnaire on my experience attending the conference.

\_\_\_\_\_  
 PRINT NAME

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE

**RETURN APPLICATION TO:**  
 Guenette Bautz, General Manager  
 Canadian Young Farmers' Forum  
 Box 24, Middle Lake, SK S0K 2X0  
 Email: info@cyff.ca  
 Phone: 1-888-416-2965 or 306-367-4628  
 Facsimile: 306-367-2403

- PROCESS:**
1. Complete funding request
  2. CYFF office review
  3. Upon approval – information will be requested

4. Attend event
5. Complete short questionnaire and provide receipts to office
6. Receive payment from CYFF

**FOR OFFICE USE ONLY**

<b>APPLICATION STATUS</b>	<b>AUTHORIZATION:</b>	<b>DATE:</b>
---------------------------	-----------------------	--------------