**Scotia Capital Leap to Learning
Tutoring Fund
Application Form**

Application Process:

In order for a child to receive funds for tutoring, a foster parent, birth parent, social worker or teacher has to

a. Fill out the application below

b. Take on the role of obtaining and supervising a qualified tutor

c. Monitor the progress of tutoring and report financial expenditures to the Coalition

Note: Funding is based on $30/hour twice a week for one semester up to a maximum or $1,200.00. Upon approval of an application, a cheque will be given to the person responsible for monitoring the tutoring. They will be responsible for paying the tutor at agreed upon times. There is a report on the last page that is due at the end of the tutoring.

Tutoring Funding Request: **Date:**

Amount Requested	*Fund Manager*
$	*Foster Family Coalition of the NWT*

Client Information:

Name of Child: (last) _____ (first) _____ **S.S. Authority**: _____

Birth Date: (dd/mm/yy) _____ **Status:** In Care of Social Services ☐   Not Served by Child Welfare ☐

Served by Social Services and Living in the Community ☐   At-Risk Child/Youth Living in the Community ☐

Description of Tutoring Required:

Other Sources of Funding (if any):

Child's Background:

Requested By: Social Services □   Foster Parent □   Birth Family □   School □

Name: _____ Community: _____ Telephone: _____

Email: _____

Signature: _____   Date: (dd/mm/yy) _____

Person Responsible for distributing funds to the tutor:

Name: _____ Community: _____ Telephone: _____

Email: _____

Mailing address(to mail cheque to): _____

Foster Family Coalition Use Only:

☐ Approved

Amount: $ _____ Signature: _____

☐ Declined

Reason: _____

Signature: _____

Date: (dd/mm/yy) _____

Mail to: Foster Family Coalition of the NWT
PO Box 2022
Yellowknife, NT
X1A 2P5

or

Fax: 867.766.3401

Funds will be distributed on a first come first serve basis for the Leap to Learning Tutoring Fund.

**Scotia Capital Leap to Learning
Tutoring Fund**
Final Report

Date: _____

Name of youth receiving tutoring: _____

Community: _____

Person responsible for distributing funds to tutor: _____

Phone: _____ **email:** _____

Name of Tutor: _____

Phone: _____ **email:** _____

Date	Subject	Signature of Tutor acknowledging payment