



## APPLICATION for 2025-2026 Writers Group Funding

<b>APPLICATION for 2025-2026 Writers Group Funding</b>			
<b>Name of Group</b>			
<b>Contact Person</b>			
<b>Address</b>			
<b>City</b>			
<b>Province</b>		<b>Postal Code</b>	
<b>Phone</b>			
<b>Email</b>			
<b>Total Funds Requested</b>			

Has this information changed from your last application?  YES  NO

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

Date \_\_\_\_\_

**Please submit following in your application package:**

- Application for writers group funding**
- Direct Deposit Payment Form**
- Budget request with** a description of how the requested funds will be used
- Group membership list**
- Follow-up report** from the last grant received, if applicable

**Deadline: Monday June 23, 2025 at 4:30 pm**

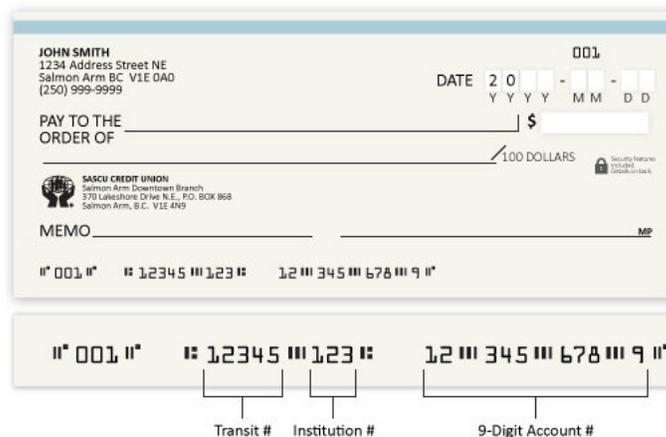
*If mailing an application, please ensure it is postmarked by June 16 and please notify staff.*

**Direct Deposit is the SWG's preferred payment method.**

Note: If you've already submitted this form, please let the Program Coordinator know and just type on the form that you've already submitted it.

*Banking information is found on a blank cheque, preauthorized debit form, or through online banking.  
For assistance, please contact your bank directly.*

Date	
Payee Legal Name	
Contact name, if applicable	
Mailing Address	
City, Province, Postal Code	
Phone	
Email	
Transit/Branch Number (5 digits)	
Financial Institution Number (3 digits)	
Account Number (7-11 digits)	



Other payment methods:

E-transfer: We are only able to e-transfer if auto-deposit is set up. If you require a security question and answer, we cannot e-transfer you. Please use direct deposit. We will e-transfer to the email address indicated above.

**BUDGET REQUEST FOR 2025-2026**

<b>Revenues (please list)</b>	<b>Amount</b>
SWG Grant	\$
Other Revenue (i.e. memberships, other grants)	\$
	\$
<b>TOTAL REVENUE</b>	<b>\$</b>
<b>Expenses (please list)</b>	<b>Amount</b>
	\$
	\$
	\$
	\$
<b>TOTAL EXPENSES</b>	<b>\$</b>

*Total revenue MUST match total expenses.*

**In 250 words or less, please describe what you will use the funds for:**

## GROUP MEMBERSHIP LIST

Please ensure this is complete. Group members are responsible for their SWG membership; if your group doesn't meet have 3/5 or 60% current SWG members, you are ineligible for funding.

<b>Name</b>		<b>Name</b>	
Group Position		Group Position	
Address		Address	
City		City	
Postal Code		Postal Code	
Email Address		Email Address	
SWG Expiry		SWG Expiry	
<b>Name</b>		<b>Name</b>	
Group Position		Group Position	
Address		Address	
City		City	
Postal Code		Postal Code	
Email Address		Email Address	
SWG Expiry		SWG Expiry	
<b>Name</b>		<b>Name</b>	
Group Position		Group Position	
Address		Address	
City		City	
Postal Code		Postal Code	
Email Address		Email Address	
SWG Expiry		SWG Expiry	
<b>Name</b>		<b>Name</b>	
Group Position		Group Position	
Address		Address	
City		City	
Postal Code		Postal Code	
Email Address		Email Address	
SWG Expiry		SWG Expiry	