**HARMONY SOCIAL CHANGEMAKERS AWARD 2016**

**APPLICATION FORM**

***Submission Deadline: Thursday, June 30, 2016***

The **Harmony Social Changemakers Award** is presented annually to a youth or group of youth who have completed Harmony Movement programming and is proposing a project to promote diversity, equity and inclusivity in their school or community.

Award winners will be granted a $1,000 bursary towards a social change initiative as proposed in their application. Applicant must include a declaration from a teacher, administrator or community contact who is actively engaged in and aware of the work the applicant are doing, and is committed to helping the applicants complete their proposed project.

To apply, complete all parts of this application and submit by mail, email or fax. If sending in by email, please ensure that we receive a **scan** of the final signature page along with the rest of your nomination form.

**By Mail:**

85 Scarsdale Road, Suite 303,

North York, Ontario M3B 2R2

**By Email:**

[awards@harmony.ca](mailto:awards@harmony.ca)

**By Fax:**

416-385-2644

**PART 1: APPLICANT AND CONTACT ORGANIZATION’S INFORMATION**

|  |  |  |
| --- | --- | --- |
| **ABOUT THE APPLICANT(S)** | | |
| **NAME OF APPLICANT (Main contact):** | | **CURRENT GRADE:** |
| **NAMES OF OTHER MEMBERS**  **IN THE GROUP APPLICANT:** | |  |
| **APPLICANT’S MAILING ADDRESS:** | | **HARMONY PROGRAM ATTENDED (with dates):** |
| **APPLICANT’S PHONE NUMBER:** | | |
| **APPLICANT’S EMAIL ADDRESS:** | | |
| **ABOUT THE SCHOOL OR COMMUNITY ORGANIZATION:** | | |
| **ORGANIZATION NAME\*:** |  | |
| **MAILING ADDRESS:** |  | |
| **PHONE NUMBER:** |  | |
| **EMAIL:** |  | |
| **CONTACT PERSON\*\*:** |  | |

\* Funds will be given directly to the school or organization listed above, to be earmarked and released to youth for completion of the activity/initiative outlined in Part 3 of the application.

\*\*Contact person must be aware of this application and can be same as the teacher/community contact used in Part 4

**PART 2: TELL US ABOUT YOUR WORK**

**Please answer all of the following questions that apply. You may use up to two additional pages if necessary.**

1. Upon completion of the Harmony program, how have you demonstrated leadership in promoting diversity, equity and inclusion in your school and/or community?

**2.** What initiatives, events or other activities have you organized?

1. How have the activities you organized impacted your school or community?
2. How has Harmony programming shaped or motivated the activities outlined above?

**PART 3: PROPOSED ACTIVITY/INITIATIVE**

1. What are you planning for activities/initiatives in your school or community in the future?
2. How do you expect this activity/initiative will impact your school or community?
3. How would you use the $1000? Please include full estimated expense breakdown.

**PART 4: TEACHER OR COMMUNITY CONTACT REFERENCE AND DECLARATION**

The following section must be filled out by an administrator, principal, educator, or other community or school contact that is aware of the work the applicant(s) are doing and is committed to assisting the youth in completely the above proposal outlined above.

**CONTACT INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation/Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation to Applicant(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province: \_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please write a brief paragraph outlining why you believe the applicant or group should receive the **Harmony Social Changemakers Award.**

As the primary teacher or community contact I am committed to assisting the applicant(s) in completing the activity/initiative proposed above and ensuring responsible disbursement of funds.

I understand that a bursary will be earmarked to the school or community organization listed above and it is my duty to release these funds to youth for completion of the activity/initiative outlined in Part 3 of the application.

By signing below I agree to these conditions and certify that the information submitted in this application is true and complete to the best of my knowledge.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART 5: APPLICANT DECLARATION AND CONSENT**

**To be filled out and returned for EACH applicant of the group.**

Please be advised that should you be awarded the *Harmony Social Changemakers Award*, you will be required to submit a photo of yourself, and a brief biography for our publicity and promotional materials. Harmony Movement reserves the right to use the photo and the biography, as well as any public information contained in the application for publicity purpose including but not limited to: Harmony website, press releases, and other publicity materials.

By signing below I agree to these conditions and I certify that the information submitted in this application is true and complete to the best of my knowledge. I further agree to give permission to Harmony Movement to use my name, pictures and/or videos of me for any promotional, educational and website material and publication.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please have your parent/guardian sign this application form, certifying that all the information provided on this application form, and all the accompanying documents, is true, accurate and complete to the best of his or her knowledge.

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_