

R.E.W.A.R.D.S. PROGRAM - STUDENT APPLICATION

Please read all information so you can complete the online form in full at www.my5k.ca Questions? student@rewardsfoundation.com
 Applications may be submitted at any time. After June 30 we consider you to be in the grade you will start in September.

If you are unable to use the online form, you can mail this printed form to the address at the top of this page.

This commitment to your education and health will have enormous impact on your life, family and community. The R.E.W.A.R.D.S. Foundation acknowledges your commitment with great appreciation. Thank you for making a difference!

1. AGREEMENT - Grade 5-12 students may join the program and must stay in the program until they graduate to earn their grant. By joining the R.E.W.A.R.D.S. Program you commit to stay in school, find sponsors and not-smoke. Details of this agreement are described in the Student's Commitments section of this form. Upon graduating smoke-free you are eligible for a grant of up to \$5000 or more. The amount of your grant is based on the amount of donations received in your name, minus 17% admin expenses.

STUDENT

Legal Name: _____
 ↑ LAST NAME First Name Middle Initial(s) ↑ Birth Year Birth Month Age Current Grade

_____ M/F
 ↑ Application Date (yyyy-mm-dd) Gender ↑ Student's Email

_____ ↑ School City, Prov/State, School District

2. PARENT or GUARDIAN, and CONTACT INFORMATION

Student's RPID# (will be assigned by the Foundation): _____

Parent/Guardian: _____ Mr /Ms _____ Mr /Ms
 ↑ LAST NAME First Name Title ↑ LAST NAME First Name Title

Postal Address: _____
 ↑ Suite Street address or PO Box ↑ City Prov., Country Postal Code

Phone Numbers: _____
 ↑ Work Tel Home Tel ↑ Mobile Tel Fax

Email: _____
 ↑ Email Alternate Email

3. NAME of POSSIBLE SPONSORS - Attach a list if you have more than four prospective Sponsors you want to invite.

_____ ↑ LAST NAME First Name Email

_____ ↑ LAST NAME First Name Email

_____ ↑ LAST NAME First Name Email

_____ ↑ LAST NAME First Name Email

4. PROGRAM DETAILS and STUDENT COMMITMENT - Read the R.E.W.A.R.D.S. Program Student Guide for more info

If the Student honours this agreement, the Foundation will pay the student a reward grant upon proof of graduating smoke-free.

I am in Grade (5-12): _____

- I agree:**
- I will stay in school until I graduate from Grade 12
 - I will not smoke, and I agree to take a random, annual breathalyzer test to confirm I have not smoked
 - I will participate in the R.E.W.A.R.D.S. Life Skills program
 - I will get sponsorship donations

- I understand:**
- If I break any of these agreements I will need to regain integrity before I can continue with the program or apply for a grant. Read the R.E.W.A.R.D.S. Program Student Guide regarding breach of agreements.
 - If I move or take a leave of absence from school, I will inform the Foundation as soon as possible.

This agreement can be terminated by either party by post, email or by changing settings in the student's online account

Initial here to confirm that you understand the commitment >>>

Student

Parent/Guardian

Now that you know what is on the application form, you are ready to complete the online form at www.my5k.ca
 Keep this copy of the application for your records. Thank you for making this choice toward a healthy, successful life!

Entered _____
 Staff Initials, Date

Comments/Question: _____

Student Signature _____
 ↑ Signature

Parent/Guardian Signature _____
 ↑ Signature