



MUNICIPALITY *of the*
COUNTY *of* KINGS

Graduate Event Assistance Program 2025/26 Application

The Council of the Municipality of the County of Kings celebrates the achievements of graduating students at each of the five (5) high schools located within Kings County by assisting with the costs of graduation events. Funds may be used toward events for graduates such as Safe Grad, Prom, Prom Parade, etc. No other funding for graduation related events will be awarded through any alternative grant program.

The Municipality supports participation in Safe Grad activities and initiatives that aim to eliminate accidents and incidents by promoting safe practices among graduates and avoid dangerous situations with alcohol and drugs.

Please complete this application form to request funding assistance for the Graduate event(s) taking place in the 2025-26 school year.

Maximum Assistance Available: Up to \$1,000 for each of the five high schools in Kings County.

Applications will only be accepted from the following high schools in Kings County:

- Northeast Kings Education Centre
- Central Kings
- École Rose Des Vents
- Horton High School; and
- West Kings District High School.

Application Deadline

Applications must be received before the event takes place and no later than 4:30pm **May 01, 2025** via email or hard copy. We encourage you to apply early and seek assistance as required.

Submission

Please submit your complete application and any accompanying documents by mail or e-mail to:	
Mailing Address:	Municipality of the County of Kings Attn: Community Grants 181 Coldbrook Village Park Dr. Coldbrook, NS B4R 1B9
Email Address:	grants@countyofkings.ca

If you have any questions staff are available to assist you - Please contact the Grants Administrator at your convenience,

Email. grants@countyofkings.ca

Phone. 902-690-6191

Section 1 – Applicant Information

Kings County School Applying	
Please note any funding awarded will be issued directly to the school . *It is the responsibility of the school to ensure funding gets to the appropriate committee or organization responsible for the coordination of the graduate event(s).	
Organization responsible for graduate event(s) organization if different than the school	
Primary Contact at Organization	
Organization’s Mailing Address	
Organization’s Physical Address (if different from mailing)	
Daytime Phone Number	
Email Address	

Section 2 – Total Request

Amount Requested (up to a maximum \$1,000)	
Total Estimated Cost of Event	
Number of expected Graduates	

Section 3 – About the Event

Please describe the event(s) planned for graduates this year.

How is this year's event being funded? (Fundraising, admission fee, sponsors...)

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Section 4 – Declaration

We are submitting this application for the purpose of obtaining financial assistance from the Municipality of the County of Kings. The statements contained in this application are, to the best of our knowledge, true and correct. We submit that all aspects of this proposed project will comply with existing municipal, provincial, and federal codes, guidelines, orders and laws. We acknowledge that any misrepresentation or misappropriation of funds will result in the grant being revoked.

We understand it is our responsibility, as the applicant, to ensure adherence to any Health Protection Act Orders or other provincial guidelines related to safety and/or gatherings.

We agree to allow representatives of the Municipality of the County of Kings to inspect the site of the project described in this application, to audit the books and records of the applicant, to make inquiries, and to obtain all pertinent information necessary to evaluate this application.

We understand that all or part of this application may be made available to the public in accordance with the federal Access to Information and Protection of Privacy Act and the provincial Freedom of Information and Protection of Privacy Act.

Name of applicant (Printed):	
Signature of applicant:	
Date:	
Principal or other Authorized School Rep. (Printed):	
Principal or other Authorized School Rep. Signature:	
Date:	