



The Dream Room Project - Candidate Application form

Please complete the following application in full and either email or mail it to:
The Dream Room Project, P.O. Box 2203, Winnipeg, MB. R3C 3R5
dreams@thedreamroomproject.org

Candidate's First Name: _____ Last Name: _____ Age: _____

Parent/Guardian First Name: _____ Last Name: _____

Tel.: _____ Email: _____

Address Where Room Will Painted: _____

How long have you lived at this address? _____

Do you own or rent at this address? Own Rent Other: _____

How many people over 18 live with you? _____ How many under 18? _____

Is the candidate in the care of Child and Family Services? Yes No

Combined Annual Household Income:

Under \$25,000 \$25,000 - \$50,000 \$25,000 - \$50,000 Over \$75,000 *Would you consider making a donation? Y N*

Contact Info (if different than Parent/Guardian):

Relationship to candidate: _____

First Name: _____ Last Name: _____

Tel.: _____ Email: _____

Please provide a description of the child's situation and why they need a Dream Room: