



SUBSIDY APPLICATION FORM

Applicant Information

Name: _____

Address: _____

City: _____ Postal: _____

Telephone: _____ Email: _____

Requested Program(s) After School PA Day Summer Camp Other

Name(s) of Child(ren): _____ **Age:** _____

_____ **Age:** _____

_____ **Age:** _____

_____ **Age:** _____

Category (check all that apply)

Single Parent

CPP/Disability

Employed

Employment Insurance

Family Benefits/Welfare

Other _____

Income Level:

Annual household income of \$25,000 or less are eligible for full subsidy.

Annual household income of \$25,000 to \$35,000 are eligible for a 50% subsidy.

Annual household income of \$35,000 to \$45,000 are eligible for a 25% subsidy.

Annual household income of \$45,000 or more are not eligible for a subsidy except under special circumstances.

To receive a subsidy, you must provide a current notice of assessment.

Special arrangements for extraordinary circumstances such as recent loss of employment can be provided at the approval of the Program Coordinator in consultation with the Executive Director.

Applicant Signature: _____

Date: _____

Club Signature: _____

Date: _____

