



Application for Program Subsidy

Boys & Girls Club Member Names

1. _____

2. _____

3. _____

4. _____

Section 1: Applicant Information

Applicant 1		
Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/>		
Last Name:	First Name:	
Date of Birth(dd/mm/yyyy):	Person with legal custody (separated or divorced):	
Address:		Apt. #:
City:	Postal Code:	Province:
Home Phone #:		Cell #:
What type of transportation do you use: Car <input type="checkbox"/> Public Transit <input type="checkbox"/> Walk <input type="checkbox"/>		Place of Employment:
Work information: Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual/Seasonal <input type="checkbox"/> Self Employed <input type="checkbox"/> Student <input type="checkbox"/>		Work Telephone: Extension:

Section 2: Parent/Guardian Marital Status

I am single, separated, divorced or widowed – Go to section 4

I am married or living in a marriage – like relationship, and my spouse/partner resides with me – complete section 3 with your spouse’s information

Section 3: Spouse/Partner Information

Applicant 2 (if applicable)		
Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/>		
Last Name:		First Name:
Date of Birth(dd/mm/yyyy):		Person with legal custody (separated or divorced):
Address:		Apt. #:
City:	Postal Code:	Province:
Home Phone #:		Cell #:
What type of transportation do you use: Car <input type="checkbox"/> Public Transit <input type="checkbox"/> Walk <input type="checkbox"/>		Place of Employment:
Work information: Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual/Seasonal <input type="checkbox"/> Self Employed <input type="checkbox"/> Student <input type="checkbox"/>		Work Telephone: Extension:

Section 4: Income Information – What are your sources of income? Check all that apply

Parent/Guardian	Spouse/Partner
<input type="checkbox"/> Employment Income	<input type="checkbox"/> Employment Income
<input type="checkbox"/> Self-Employment Income	<input type="checkbox"/> Self-Employment Income
<input type="checkbox"/> Federal Benefits (CPP, Disability, ODSP, ACSD)	<input type="checkbox"/> Federal Benefits (CPP, Disability, ODSP, ACSD)
<input type="checkbox"/> Training or Living allowances	<input type="checkbox"/> Training or Living allowances
<input type="checkbox"/> Grants/Bursaries/Scholarships (OSAP)	<input type="checkbox"/> Grants/Bursaries/Scholarships (OSAP)
<input type="checkbox"/> Other investments, interest	<input type="checkbox"/> Other investments, interest
<input type="checkbox"/> Spousal and/or child support	<input type="checkbox"/> Spousal and/or child support
<input type="checkbox"/> Tips	<input type="checkbox"/> Tips
<input type="checkbox"/> Income from dependent adults	<input type="checkbox"/> Income from dependent adults
<input type="checkbox"/> Rental income	<input type="checkbox"/> Rental income
<input type="checkbox"/> Other income: _____	<input type="checkbox"/> Other income: _____

Section 5: Income Information

Net Family Income: \$ _____

Eligibility for child care fee subsidy is based on the net family income as shown on line 236 of your most recent Income Tax Return (Federal Notice of Assessment or Canada Child Tax Benefit).

Please note that we will do a follow-up at which time you will be required to provide our office with your most recent Canada Child Tax Benefit or Notice of Assessment. Your application cannot be processed without this information. If you have misplaced your Canada Child Tax Benefit, contact the Canada Revenue Agency at 1-800-387-1193 to obtain a copy.

All of the information on this application is true to the best of my/our knowledge and belief. I/We will inform the Boys & Girls Club of Cornwall/SDG immediately of any changes in my/our circumstances, such as but not limited to, changes in marital status, employment, school, training and/or any other changes in my/our situation.

Signature of Applicant #1: _____ Date Signed: _____

Signature of Applicant #2: _____ Date Signed: _____

**PLEASE RETURN ALL COMPLETED APPLICATIONS TO:
Boys & Girls Club of Cornwall/SDG**

Mail: 506 First St. E
Cornwall, ON
K6H 1L7

Fax: 613-935-5615

Drop Off:

Boys & Girls Club of
Cornwall/SDG
506 Clubhouse
506 First St. East, Cornwall

If you have any question while completing this form, please contact Kristina at the Boys & Girls Club at 613-935-9015.

If you would like to share further pertinent information regarding your family's financial information, please provide details here:

Office Use Only

Date received: