

Application for Program Subsidy

Boys & Girls Club Member Names

1. _____ 2. _____
 3. _____ 4. _____

Section 1: Applicant Information

Parent <input type="checkbox"/> Guardian <input type="checkbox"/>	
Last Name:	First Name:
Address:	Apt. #:
City:	Postal Code:
Home Phone #:	Cell Phone #:
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"/>	

Section 2: Parent/Guardian Martial 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

Parent <input type="checkbox"/> Guardian <input type="checkbox"/>	
Last Name:	First Name:
Address:	Apt. #:
City:	Postal Code:
Home Phone #:	Cell Phone #:
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"/>	

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

Application 1 - Parent/Guardian	Application 2 - Spouse/Partner
<input type="checkbox"/> Employment Income <input type="checkbox"/> Self-Employment Income <input type="checkbox"/> Grants/Bursaries/Scholarships (OSAP) <input type="checkbox"/> Spousal and/or child support <input type="checkbox"/> Tips <input type="checkbox"/> Ontario works <input type="checkbox"/> Ontario Disability Support Program (ODSP) <input type="checkbox"/> Rental income <input type="checkbox"/> Other income: _____	<input type="checkbox"/> Employment Income <input type="checkbox"/> Self-Employment Income <input type="checkbox"/> Grants/Bursaries/Scholarships (OSAP) <input type="checkbox"/> Spousal and/or child support <input type="checkbox"/> Tips <input type="checkbox"/> Ontario works <input type="checkbox"/> Ontario Disability Support Program (ODSP) <input type="checkbox"/> Rental income <input type="checkbox"/> Other income: _____

Net Family Income: \$ _____

Eligibility for fee subsidy is based on the net family income as shown on line 236 of your most recent 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.

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**

Drop off: 506 Clubhouse - 506 First St. East, Cornwall

Email: kristina@bgccornwallsdg.com

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: _____