



Financial Assistance Program

SECTION 1: APPLICATION INFORMATION

Name(s) of children applying:

First Name	Last Name	Birth Date (Day/Month/Year)

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____

Email Address: _____

SECTION 2: REQUEST FOR FUNDING

I would like to request funding for:

APPROVED FOR HOW MANY PROGRAMS: _____

BARCODE: _____ Child's Name: _____

BARCODE: _____ Child's Name: _____

APPROVED FOR HOW MANY WEEKS (**Camps ONLY**): _____

BARCODE: _____ Child's Name: _____

BARCODE: _____ Child's Name: _____

CAMPS ONLY:

Extended Care: Not needed: _____ Before: _____ After: _____ or Both: _____

PIZZA: Cheese: _____ Quantity: _____ Pepperoni: _____ Quantity: _____

MILK: Chocolate: _____ Quantity: _____ White: _____ Quantity: _____

BARCODE: _____ Child's Name: _____

BARCODE: _____ Child's Name: _____

Permission for County to use photographs? **NO _____ **YES** _____**

Registration Fee: _____ (Please see page 4)

SECTION 3: ENDORSEMENT

Main Contact: _____

Please indicate relationship to applicant: _____

Please fill in address if different from children's address above:

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____

Email Address: _____

I certify my submission of the above child/youth and verify that all the information given is correct and can be substantiated

Signature of Adult: _____ Date: _____

The personal information collected on this form by the County of Brant, Canadian Tire Jump Start and City of Brantford program will be used only for the "Can We Help??" and "JumpStart" program and will be protected under the Municipal Freedom of Information and Protection of Privacy Act, RSO 1990. Ontario Works Brant is a partner in the provision of the "Can We Help??" program and does have access to this information as they provide the funds for this program. Canadian Tire JumpStart and its members' will respect the confidentiality of all applicants.

FOR OFFICE USE ONLY:

Has anyone in the family received financial support for recreation activities for this current session?

NO _____ **YES** _____

Number of adults in family: _____

Number of Children in family: _____

Total number of people in the family: _____

GROSS family income: _____

Type of verification and date of document _____

Copy of drug card: _____

Date : _____

Person processing request: _____ Approved by: _____

Session: _____ Program: _____

Receipt number: _____ Cost of Program/Camp: _____

Approved Subsidy:

City %= _____ Amount: _____

Family %= _____ Amount: _____

Method of Payment: Cash _____ Cheque _____ Debit _____ Visa _____ Mastercard _____

Account Number Credited: _____

Program Used: **Can We Help** _____ OR **JumpStart** _____

Level of Assistance Table

Family Size	2	3	4	5	6+	We Pay	Client Pays
Gross Annual Household Income	\$0-17,000	\$0-19,500	\$0-21,700	\$0-23,000	\$0-25,000	75%	25%
	\$17,000-23,213	\$19,501-28,098	\$21,701-31,409	\$23,001-34,720	\$25,001-38,032	50%	50%
	\$23,214-27,200	\$28,099-33,100	\$31,410-37,400	\$34,721-41,700	\$38,033-46,900	25%	75%



Jump Start Funding For Minor Sports

Parents Information

Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

Child's Information:

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

Minor Sport Information:

Minor Sport: _____

Cost of Sport: _____

The Amount the Family is paying: _____

The Amount Jump Start is paying: _____

Address of Minor Sport (for cheque to be sent)

Approved By: _____ Date: _____