| **PART 1: FUNDING PERIOD** |
| --- |
| I am applying for:  | □ Spring Funding □ Summer Funding □ Fall Funding □ Winter Funding |

| **PART 2: PROGRAM TYPE** |
| --- |
| I am applying to a:  | □ Introductory Program □ Advanced Program  |

| **PART 3: APPLICANT INFORMATION** |
| --- |
| Last Name: |  | First Name: |  |
| Date of Birth: | \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_(dd / mm / yyyy) | Gender: | **□** Male **□** Female **□** Other |
| Address:  |  |
| City: |  | Postal Code: |  |

| **PART 4: PARENT/GUARDIAN INFORMATION** |
| --- |
| Last Name: |  | First Name: |  |
| Relationship to Applicant: |  | How did you hear about us? |  |
| Address (if different):  |  |
| City: |  | Postal Code: |  |
| Phone: |  | Email: |  |

| **PART 5: PROGRAM INFORMATION** |
| --- |
| Name of Organization: |  | Instrument: |  |
| Program Name: |  | Program Cost: | $ |
| Program Start: | \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_(dd / mm / yyyy) | Program End: | \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_(dd / mm / yyyy) |
| Address:  |  |
| City: |  | Postal Code: |  |
| Phone: |  | Email: |  |
| Organization Contact: |  | Requesting: | $  |

| **PART 6: FAMILY INCOME** |
| --- |
| Number of People in Household:  |  | Gross Annual Household Income: | $  |

| **PART 7: MANDATORY PROOF OF FAMILY INCOME** |
| --- |
| **Checklist:*** I have included a clear, current copy of my Canada Child Benefit Statement with my application.

It includes: Parent Name, Family Net Income, Marital Status, and Child First Names. |

| **PART 8: CERTIFICATION** |
| --- |
| I certify that the information provided is accurate. I understand that false applications constitute fraud. **Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **FOR OFFICE USE ONLY** |
| **Received:** |  | **Reviewed:** |  |
| **Decision:** | Approved / Denied | **Amount:** |  |