| **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:** |  |