

Financial Assistance Program Application

Applicant Information

Application Date (DD/MM/YYYY): _____

Application Type: New Renewal

Membership Type: Individual Family

First Name:
Last Name:
Date of birth (DD/MM/YYYY):
Address:
City: Postal Code:
Primary Phone:
Secondary Phone:
Email:

Source of income (please list all sources of income)

Monthly Income	Adult 1	Adult 2
Wages (net earnings)		
ODSP		
Ontario Works		
Pensions		
Child tax benefit		
Alimony/Support payments		
CPP/OAS		
Employment Insurance		
WSIB		
Other		
TOTAL	\$	\$

FAMILY EXPENSES:

Rent or Mortgage: _____

Food: _____

Medical: _____

UTILITIES:

PUC: _____

Heating: _____

Telephone: _____

Cable: _____

OTHER EXPENSES:

Car Insurance: _____

Home Insurance: _____

Student Loan: _____

Other: _____

(please specify) _____

TOTAL EXPENSES: \$ _____

PARENTS INFORMATION:

Parents Name: _____

Address: _____

Phone Number: _____

Children's Names	Ages
1	
2	
3	
4	

SUMMER CAMP ASSISTANCE APPOINTMENT

Note your appointment here

Date: _____

Time: _____

Applicant's Signature _____

Staff's Signature _____

Date: _____

Comments: _____

-Office Use Only-

	Date	Amount Paid/child	# of children in camp	Total
	Daily Camps			
1	Jul 4-7			
2	Jul 10-14			
3	Jul 17-21			
4	Jul 24-28			
5	Jul 31-Aug 4			
6	Aug 8-11			
7	Aug 14-18			
8	Aug 21-25			
9	Aug 28-Sept 1			