



**SUBSIDY APPLICATION FORM**

Please print and complete as accurately and truthfully as possible. All information you disclose will be **strictly confidential** and only used to assist our Executive Team in processing your application.

Parent/Guardian Name: \_\_\_\_\_  
(First and Last)

Address: \_\_\_\_\_  
(House/Apartment Building Number, Unit Number, Street Name, City & Postal Code)

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status:  Single  Married  Separated  Common-Law  Divorced

Employment Status:  Full-Time  Part-Time  Unemployed

Are you currently enrolled in any educational program?  No  Yes

If yes, where? \_\_\_\_\_

**SUBSIDY FOR:**

Name	Age	Gender	Relationship
1. _____			
2. _____			
3. _____			
4. _____			

**REQUEST FOR FUNDING**

Have you received subsidy from us in the past?  No  Yes. If yes, when \_\_\_\_\_

and,  Full Subsidy or  Partial Subsidy. If yes, indicated amount received \$ \_\_\_\_\_

I am able to contribute (mandatory) \$ \_\_\_\_\_ towards the total registration fee(s) of \$ \_\_\_\_\_

in a lump sum  weekly  other, please indicate \_\_\_\_\_

I, \_\_\_\_\_ (the Payee), have enrolled my child(ren) in the Rising Star Day Camp and promise to pay the registration fees as indicated above.

\_\_\_\_\_  
Payee Signature

\_\_\_\_\_  
Date

**PROOF OF INCOME**

Kindly attach a copy of your **Canada Child Tax Benefit Notice** or **Notice of Assessment** for the most recent Tax Year for each child. Please note that your application **cannot be processed without this information**. If you have misplaced your Canada Child Tax Benefit Notice then contact the Canada Revenue Agency at 1-800-387-1193 to get a copy



FOR OFFICE USE	
Date Received: _____	Subsidy Granted? <input type="checkbox"/> No <input type="checkbox"/> Yes, Amount/week \$ _____
Approved by: _____	