Municipality of Meaford Recreation Fund

Children & Youth Recreation Fund

ALL INFORMATION PROVIDED ON THIS APPLICATION IS CONFIDENTIAL.

Funding

- Available for Municipality of Meaford residents, dependent children, under the age of 18.
- Funding to be used for recreational and cultural programming
- Applicant must contribute a minimum of 20% of the total cost, with a minimum contribution of $25.00.

Eligibility

- Applicants MUST be residents of the Municipality of Meaford.
- Family is in a demographic which would be considered in financial need (as defined by the Government of Canada)
- Application MUST be completed in its entirety

Applicant (Parent or Legal Guardian)					
Surname:				First Name:	
Address:					
Phone:				Email:	
Number of People in Family:				Number of Children in Family:	
Source of Income: Please indicate (circle) your family's source of income:					
Employment	Ontario Works	ODSP	OSAP	Spousal Support	Other:
Gross Annual Family Income (from all sources):					
Name of Employer:					
Where do you belong? (Please circle annual family income, based on size)					

Size of Family Unit	Less Than 30,000 Inhabitants (LICO)	Maximum Threshold
1 person	$23,009.00	$73,009.00

2 persons	$28,643.00	$78,643.00
3 persons	$35,213.00	$85,213.00
4 persons	$42,755.00	$92,755.00
5 persons	$48,492.00	$98,492.00
6 persons	$54,691.00	$104,691.00
7 persons or more	$60,890.00	$110,890.00

DECLARATION: I am the applicant named above. I certify that all the statements in this application are true to the best of my knowledge. No information has been omitted or unreported.

Signature:	Date:
FOR OFFICE USE – Signature of reviewer:	Date:

Please complete one section for each child and for each activity.

Name of Child:		
Birth Date (MM/DD/YYYY):		Age:
Organization Name & Mailing Address:		
Type of Activity:		
Duration (weeks, class duration, etc.):		
Registration Fee (Please provide a statement	Family Contribution (20% of the total with a minimum $25)	Amount of Funding Requested

Name of Child:		
Birth Date (MM/DD/YYYY):		Age:
Organization Name & Mailing Address:		
Type of Activity:		
Duration (weeks, class duration, etc.):		
Registration Fee (Please provide a statement	Family Contribution (20% of the total with a minimum $25)	Amount of Funding Requested

Name of Child:

Birth Date (MM/DD/YYYY):		Age:
Organization Name & Mailing Address:		
Type of Activity:		
Duration (weeks, class duration, etc.):		
Registration Fee (Please provide a statement	Family Contribution (20% of the total with a minimum $25)	Amount of Funding Requested