



# Jack Purcell Recreation Association

## SUBSIDY APPLICATION FORM

Timeline: There is a ten-business-day turnaround for processing this application. This application must be completed, dated and submitted one month prior to the registration and payment date for the After School Program, and one month prior to the start of each weekly session in March Break Camp, Summer Camp, Christmas Camp and all P. A. Days.

Date of Application: \_\_\_\_\_

**PERSONAL INFORMATION:** (To be completed fully and accurately or application will be rejected.)

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_ Parent/Guardian: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**FINANCIAL INFORMATION:** (Section to be completed fully and accurately)

Total Household Monthly Income \_\_\_\_\_ No. Household Members \_\_\_\_\_

Total Household Monthly Costs \_\_\_\_\_ Social Assistance \_\_\_\_\_

Social Worker \_\_\_\_\_ Telephone \_\_\_\_\_

**PROGRAM INFORMATION:** (Section to be completed fully and accurately or application will be rejected.)

Program Name \_\_\_\_\_ Program Fee(s) \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Amount of Subsidy Requested \_\_\_\_\_ (up to a maximum of 50% of total program cost)

I SWEAR THAT THE INFORMATION ABOVE IS TRUE AND ACCURATE.

\_\_\_\_\_  
Name of Applicant Date

NOTE: Only applicants who complete the application correctly will be contacted.

**FOR ADMINISTRATION ONLY**

Date Approved \_\_\_\_\_ Date Denied \_\_\_\_\_

NOTES \_\_\_\_\_

\_\_\_\_\_  
JPRA Share \_\_\_\_\_ Applicant's Share \_\_\_\_\_

Notified by Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Date of Notification \_\_\_\_\_