



BEAVER VALLEY OUTREACH

54 Bruce St East, Box 599

Thornbury, ON N0H 2P0

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RECREATIONAL FUNDING APPLICATION

ALL INFORMATION PROVIDED ON THIS APPLICATION IS KEPT STRICTLY CONFIDENTIAL

FUNDING

- available for dependent children, living at home who are under the age of 18.
- may be used for registration fees for swimming, music art lessons, etc.
- applicants are asked to contribute 10% of the total cost with a minimum contribution of \$10.00 AND to provide copies of the registration fees.
- depending on available funds, the maximum available per child per year for qualifying families is \$400.00

ELIGIBILITY

Applicants **MUST** be residents of the Town of the Blue Mountains AND have a combined gross family income less than \$50,000 per year.

APPLICANT [Parent or Legal Guardian]

Surname _____

First Name & Initial _____

ADDRESS

Street/PO Box # _____

Town _____

Postal Code _____

TELEPHONE

Daytime _____

Evening _____

OF CHILDREN IN FAMILY _____

OF CHILDREN APPLYING _____

SOURCE OF INCOME – Please indicate source by **CIRCLING** one of the following:

Employment – Ontario Works – ODSP – OSAP – Spousal Support – Other [Please specify] _____

GROSS ANNUAL FAMILY INCOME *from all sources* = \$ _____

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 required has been omitted or unreported.

Signature _____

Date _____

Payable to: _____ Amount to be paid: _____

Approved by: _____ Date: _____

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

NAME OF CHILD		M/F	AGE	BIRTHDATE
Name/Address of activity provider [example – B.V.A.A. – hockey, soccer, skating, swimming lessons, art lessons, camp...]				
REGISTRATION FEE Please provide registration form!		FAMILY CONTRIBUTION [10% of total with \$10.00 min]		AMOUNT OF FUNDING REQUESTED
\$		\$		\$
Registration form attached? YES /NO				If NO, please explain:

NAME OF CHILD		M/F	AGE	BIRTHDATE
Name/Address of activity provider [example – Georgian Health and Fitness Centre, Thornbury, swimming lessons]				
REGISTRATION FEE Please provide registration form!		FAMILY CONTRIBUTION [10% of total with \$10.00 min]		AMOUNT OF FUNDING REQUESTED
\$		\$		\$
Registration form attached? YES /NO				If NO, please explain:

NAME OF CHILD		M/F	AGE	BIRTHDATE
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Payable to: _____ Amount to be paid: _____

Approved by: _____ Date: _____