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2026 RECREATIONAL FUNDING APPLICATION CHILDREN & YOUTH

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 \$500.00

ELIGIBILITY

Applicants MUST be residents of the Town of the Blue Mountains AND have a combined gross family income less than \$75,000 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: _____ **FUNDING AMOUNT:** _____

APPROVED BY: _____ **DATE APPROVED:** _____

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

NAME OF CHILD		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		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		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
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Registration form attached? YES /NO

If NO, please explain: