

Oakville
Community
Sport Club
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Oakville Community Sport Club

FEE ASSISTANCE APPLICATION

CONFIDENTIAL INFORMATION

[Specify mandatory information/directions/restrictions in the area below]

**NOTE: APPLICANT MUST BE A TOWN OF OAKVILLE RESIDENT
PLEASE PRINT**

Instructions: Complete Sections A, B, C and sign/date

Section A: Applicant's Information (Parent/guardian of Participant OR Self)			
Surname	First Name		
Street Address			OAKVILLE
Postal Code	Email		
Home Phone	Alternate Phone (work/cell)		

SECTION B: Participant(s) Information & Program Choice		
Participant's Full Name	Date of Birth dd/mm/yy	Program Choice
1.	/ /	
2.	/ /	
3.	/ /	
4.	/ /	

Section C: Annual Family Household Income Information
<p>Number of Persons in Family _____</p> <p><i>*Family refers to all people who live in the same dwelling and are related to each other by blood, marriage, common-law or adoption</i></p> <p>Gross Annual Household Income (previous year) \$ _____</p> <p><i>*Gross Annual Household Income refers to the total 'pre-tax' income that the entire family receives in one calendar year. Supporting documents (tax return, GST Rebates, Child Tax Credit, other) must be submitted with application</i></p>

I agree that the above information and all additional information supplied with this application is true and correct.

Applicant's Signature _____ **Date** _____

Oakville Community Sport Club reserves the right to validate the information provided with other relevant government agencies that are under the authority of the Ontario Freedom of Information and Protection of Privacy Act for the sole purpose to establish eligibility for fee assistance funding.

OFFICE USE ONLY	Date reviewed _____
<i>[Allow this section for your organizations's application approval/denial process]</i>	
<input type="checkbox"/> Approved for Fee Assistance _____	<i>Specify dollar amount or percentage approved</i>
<input type="checkbox"/> Denied Fee Assistance _____	<i>Indicate reason</i>
Approved by _____	Approved by _____