



STRONG COMMUNITIES CAMPAIGN

Strong Kids. Strong Adults. Strong Families.

Strong Communities Opportunity Fund Application

First Name:		Last Name:	
Address:			Date of Birth: (DD/MM/YYYY)
City:	Postal Code:	E-mail:	
Telephone (H):		Telephone (C):	

Please list all Family Members:	Date of Birth: (DD/MM/YYYY)

I would like to apply for the YMCA Opportunity Fund because **I am unable** (not unwilling) to pay the full fee under any act of the standard payment options. If my financial circumstances change, I will notify the YMCA to discuss my financial situation. **If I fail to make the payments, my privileges may be suspended.** All information I am providing is accurate. I understand and agree that my application will be reviewed, which may result in changes to the amount of sponsorship approved, at the end of a _____ month term.

(Member initial)

Proof of Income Verified (Staff initial) Recent (Annual) statement of benefits for **Social Assistance** (if applicable)
 If you have children, statement of benefits for **Child tax benefits**
 3 most recent **Household pay stubs** (from all employers)

What amount are you able to contribute to the program fee? \$ _____

Applicant's Signature: _____ Date: _____

Please, choose area of funding:

Membership Day Camp

Child Care Camp Glenburn

After School

Notes:

To be completed by Staff:

Date: _____

Number of Months Approved: _____

Staff Name: _____