



You Can Play Too! Application For Funding

The Town of Sylvan Lake will subsidize, when possible, Recreation and Culture fees for families, individuals and seniors who are unable to pay for programs, memberships and admissions that would contribute to their personal growth and community involvement. Through this program the quality of life and well-being of Sylvan Lake citizens will be improved, creating a strong and healthy community.

Application Process:

Applications may be submitted at any time providing the application is complete however applications will only be reviewed once per month. Submission deadline is the second Monday of each month. Please ensure application is complete as in-complete applications will be returned for all applicable information and only complete application will be considered. If you have any questions or need assistance completing the form please call the Recreation, Parks and Culture office at (403)887-1192 ext 508 and speak with Monique Pummings.

Applications will be reviewed monthly by the Community Services Committee at their regularly scheduled meeting and all applicants will be contacted within 3 days of the Community Services Committee meeting.

Additional Information:

- Applicants are encouraged to pay an affordable portion of the program fee.
- Applicants must not have received subsidy for the program from other sources.
- If the Applicant does not attend the registered course/program, future applications for assistance may be affected.

You must also include the following with your application in order that we may verify your earnings:

- Copy of current pay stub

Please complete this application form, and return in a sealed envelope to:

**Town of Sylvan Lake
Recreation Parks and Culture Department
You Can Play Too!
4804 48 Street
Sylvan Lake, AB T4S 1M6**





SECTION A – APPLICANT INFORMATION

Date of Application: _____

Participants Name: _____

Guardians Name (If Applicable): _____

Complete Mailing Address: _____

Daytime Phone: _____

Evening Phone: _____

Email Address: _____

SECTION B – CONFIDENTIAL FINANCIAL INFORMATION

Print the number of Adults in your household that are described by each of the following:

Employed Full-time	_____	Receiving Financial Aid	_____
Employed Part-time	_____	Unemployed	_____
Maternity Leave	_____	Self-employed	_____
Student	_____	Seniors Benefits	_____



Please complete the following information based on your most recent income tax return(s) and attach photocopies for each adult of the Option C form from Canada Revenue Agency.

	Total Income as per Line 150 of your tax return
Wage Earner #1 income	\$ _____
Wage Earner #2 income	\$ _____
Child Support Payments received	\$ _____
TOTAL	\$ _____

SECTION C – EXCEPTIONAL CIRCUMSTANCES

Please provide additional details beyond the financial indicators above.

Indicate the names of Adults, Seniors and/or Children requesting participation:

Name	Circle One	Programs you wish to attend or passes you would like
	Adult/Child/Senior	
	Adult/Child/Senior	
	Adult/Child/Senior	
	Adult/Child/Senior	



Current Funding Request:

Amount of Funding Requested: \$ _____

Category of Request: Equipment / Transportation / Financial (please circle)

Specifics of Request: _____

I, as the parent or guardian, am able to contribute the following portion towards the program cost:
75% 50% 25% Not able at this time

Do you have any special skills or talents that you can contribute and give back to the program?
We need people that are interested in helping out (for example with childcare, instructing or assisting with programs). If you have children, we can work out volunteer opportunities for you either while your children are participating in an activity or where you can bring them with you.

Are you interested in giving back to the program by volunteering? Please circle: **Yes** **No**

If you are interested in volunteering in a specific area please indicate what you will be interested in and what times you would be available.

How did you learn about this program? _____



I hereby certify that the information I have provided in this application and in any documents attached is correct and complete. I also understand that financial and other information provided is confidential.

Signature: _____

Date: _____

The personal information on this form is collected for the purpose of processing your application. It may be disclosed to report on and/or verify funding allocations. It is collected under the authority of the Municipal Government Act and the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection and use of this information, please contact the FOIP coordinator (403-887-2141).

Office Use Only:

Date Application Received: _____

All Documentation Received: _____

Application Approved/Not Approved _____

Amount of Subsidy to Receive: _____