

Access to Recreation Application Form

Participant Information	Reference Approval						
<p>Name of Primary Contact First: _____ Last: _____ DOB: <u>dd/mm/yyyy</u></p> <p>Mailing Address _____ Street _____ Collingwood _____ Province ON Postal Code _____</p> <p>Home Phone _____ Phone 2 _____</p> <p>Email _____</p> <p>Family Members Funding is for (if not primary contact): <i>**All members MUST reside in the same household. Proof of residency may be required**</i></p> <p>Family Member #1: DOB: <u>dd/mm/yyyy</u></p> <p>Family Member #2: DOB: <u>dd/mm/yyyy</u></p> <p>Family Member #3: DOB: <u>dd/mm/yyyy</u></p> <p>Family Member #4: DOB: <u>dd/mm/yyyy</u></p>	<p>Application must have the endorsement of a community professional (list of examples provided in the program overview) familiar with your situation and who can verify that you require financial assistance. The reference cannot be a family member</p> <p>Name _____</p> <p>Position _____</p> <p>Phone _____</p> <p>Email _____</p> <p>Relationship _____</p>						
Organization Receiving Funding							
<p>Family Member #1</p> <p>Full name of organization receiving funding _____</p> <p>Mailing address _____ Collingwood _____ ON Postal Code _____ Contact _____ Phone _____</p> <p>Name of sport/activity _____ Email _____</p> <p>Program start date: _____ Program length #weeks session/wk hrs/session</p>	<p>I hereby declare that the applicant listed on this application is in financial need and warrants the assistance of the Town of Collingwood in order for their child to participate in the identified recreational activity. I understand that the Town of Collingwood may contact me to verify my endorsement.</p>						
<p>Family Member #2</p> <p>Full name of organization receiving funding _____</p> <p>Mailing address _____ Collingwood _____ ON Postal Code _____ Contact _____ Phone _____</p> <p>Name of sport/activity _____ Email _____</p> <p>Program start date: _____ Program length #weeks session/wk hrs/session</p>	<p>Signature _____</p> <p>Date _____</p>						
<p>Family Member #3</p> <p>Full name of organization receiving funding _____</p> <p>Mailing address _____ Collingwood _____ ON Postal Code _____ Contact _____ Phone _____</p> <p>Name of sport/activity _____ Email _____</p> <p>Program start date: _____ Program length #weeks session/wk hrs/session</p>	<p>Grant Request (Expenses the grant will be used for. Please consult with a Town representative or Community Partner for allowable grant)</p>						
<p>Family Member #4</p> <p>Full name of organization receiving funding _____</p> <p>Mailing address _____ Collingwood _____ ON Postal Code _____ Contact _____ Phone _____</p> <p>Name of sport/activity _____ Email _____</p> <p>Program start date: _____ Program length #weeks session/wk hrs/session</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Total amount of activity</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Amount provided by family (Subtract from Activity \$)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Total amount requested from the Town</td> <td style="text-align: right;">\$ _____</td> </tr> </table>	Total amount of activity	\$ _____	Amount provided by family (Subtract from Activity \$)	\$ _____	Total amount requested from the Town	\$ _____
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Total amount requested from the Town	\$ _____						
OFFICE USE ONLY:							
<p>I hereby agree that all information provided on this application is complete and accurate to the best of my knowledge and authorize the Town of Collingwood representatives to share this information with the organization or company that will receive payment for this child. I understand that all family members must reside in the same household and that I may be required to show proof of residency. I also understand that all information captured above is a requirement of the Town of Collingwood and is submitted as part of the requirement for funding. All person information is secured and protected as per Town of Collingwood Privacy Policy and will not be used for any other purpose than reference to the funding application, program registration, and internal reporting.</p>	<p>Date Received: _____</p> <p>Amount: Approved _____ Declined _____</p> <p>Payment Processed: _____</p> <p>Staff signature: _____</p>						
<p>Signature of Applicant: _____ Date: _____</p>							

Confidentiality: The Town of Collingwood and its members will respect the confidentiality of all applicants. All personal information is secured and protected and will not be used for any other purpose than reference to the funding provided.