



## Application for Program Sponsorship

Participant's name: \_\_\_\_\_  
Birthday (dd/mm/yy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_  
Postal Code \_\_\_\_\_ Tel ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

### Financial Information

Monthly Income (list all sources of family income)

Employer Name \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_  
Other \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_  
Other \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_  
Other \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_  
Total Monthly Income \$ \_\_\_\_\_

Monthly Expenses:

Rent/Mortgage \_\_\_\_\_ Utilities \_\_\_\_\_ Food \_\_\_\_\_  
Other (list) \_\_\_\_\_ Other (list) \_\_\_\_\_  
Other (list) \_\_\_\_\_ Other (list) \_\_\_\_\_  
Other (list) \_\_\_\_\_ Other (list) \_\_\_\_\_  
Total Monthly Expense \$ \_\_\_\_\_

### Request for Funding

Program requested \_\_\_\_\_ Length of the program \_\_\_\_\_  
Total Registration fees \$ \_\_\_\_\_ Have you been funded in the past? \_\_\_\_\_  
Please list past funded programs (including the yr) \_\_\_\_\_  
I am able to provide \$ \_\_\_\_\_ towards the registration fee

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### Office Use Only

Community Leaders/Professional (must be a pre-approved organization)

Please attach a letter indicating your relationship to the applicant and verification of the applicant's economic barriers to participation.

Application Received: \_\_\_\_\_ Approved by \_\_\_\_\_ Total amount owing \_\_\_\_\_  
Special Notes: