



# Chance 2 Grow Application 2016

## Step 1 – Eligibility

### Before you begin, determine your eligibility:

Eligibility for the program is based on your Household Size and Total Family Income. Please determine if you are eligible. Please circle your Household Size and Maximum Income level.

Total Family Household Size	Maximum Allowable Total Family Income
2	\$35,498
3	\$42,322
4	\$50,135
5	\$56,111
6	\$62,549
7+	\$68,986

**\*\*PLEASE SUBMIT VERIFICATION OF INCOME (LAST YEAR'S INCOME TAX SUMMARY) WITH YOUR APPLICATION**

### Parental Contribution:

If registration, equipment and supplies total:	Parental Contribution:
Under \$100	\$5.00
\$100 - \$200	\$10.00
\$200 - \$300	\$15.00
\$300 - \$400	\$20.00

**\*\*PLEASE SUBMIT WITH YOUR APPLICATION**

**\*\* APPLICATIONS WILL NOT BE PROCESSED WITHOUT VERIFICATION OF INCOME AND THE PARENTAL CONTRIBUTION**

## Step 2 – Personal Information

Name of Child(ren):		Birth date(s):	
1)	Male      Female	1)	
2)	Male      Female	2)	
3)	Male      Female	3)	
4)	Male      Female	4)	

### Custodial Parental Information

#### Mother/Guardian:

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_  
 Phone: Home - \_\_\_\_\_ Work - \_\_\_\_\_  
 Email: \_\_\_\_\_

I have full custody       I share custody  
 \*I have a live in partner other than the child's father  
 Yes       No

#### Father/Guardian:

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_  
 Phone: Home - \_\_\_\_\_ Work - \_\_\_\_\_  
 Email: \_\_\_\_\_

I have full custody       I share custody  
 \*I have a live in partner other than the child's mother  
 Yes       No

### PLEASE NOTE – THE FOUNDATION CANNOT PROCESS AN APPLICATION WITHOUT THE FOLLOWING INFORMATION:

- A completed Chance 2 Grow Application
- Financial documents verifying income

- Signed Declaration

- Family Contribution

\*Cheques made out to CFS\*

### Step 3 – Financial Information

**Total Family Income: Please indicate your total family income for 2015 from All sources. Include employment income, child support, EI benefits, Income Security etc. Please supply copies of financial documents. 2015 Income tax summaries preferred.**  
**If custody is shared, please submit income information for both parents.**

Income Source	Mother/Guardian	Father/Guardian
Employed? Where:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annual Wages/Salary	\$	\$
Income Assistance, Employment Insurance?	\$	\$
Child Maintenance Received	\$	\$
Other	\$	\$
<b>Total Annual Income from ALL sources</b>	<b>\$</b>	<b>\$</b>

Number of children living in home: \_\_\_\_\_

Number of children applying for Chance 2 Grow Funding: \_\_\_\_\_

**Public Awareness:** Can we contact you to share your child's experience in feature articles such as newspapers, radio, and Foundation newsletters? Please circle. **Yes No**

**How were you made aware of the Chance 2 Grow Fund?** Please check all that apply  
 Newspaper  Radio  Friend  School  Poster  Agency/Worker  Hockey Club  Other

#### Program Information:

Funding request for:  
 Type of activity: \_\_\_\_\_  
 Name of club or organization: \_\_\_\_\_  
 Duration of program: \_\_\_\_\_  
 Cost of program: \_\_\_\_\_

**Funding request for:**  
 Musical instrument  Equipment  Supplies

**Please describe:** \_\_\_\_\_

- Receipts must be submitted for reimbursement to the parent or invoices submitted for payment to the organization

#### THINGS YOU NEED TO KNOW:

- An application does not guarantee a sponsorship.
- The Foundation will sponsor each child to a maximum of \$400 per year. Requests in excess of this amount must be approved by the Board of Directors on a case by case basis.
- There is no limit on the number of children sponsored from one family.
- Parental contribution must be received before application will be processed.
- The Chance 2 Grow Fund does not sponsor children in Agency care.

#### Declaration:

**I have read and understand the attached eligibility criteria and by my signature below declare the above information to be true:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to child: \_\_\_\_\_



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Please Take to Your Child's Group, Club, or Organization

Child's Name: \_\_\_\_\_

Part B) Supplementary Information to be completed by Organization Board member

Organization: (please print)

Please submit the name of the group, club, or organization with which the child is registered or will be registering.

Organization: \_\_\_\_\_

Class or Activity: \_\_\_\_\_

Club Name: \_\_\_\_\_

Program Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Registration Fees: \$ \_\_\_\_\_

Organization's Responsibilities:

Your responsibilities when signing this form are:

- Confirmed that the child is registering for the requested program  Yes  No
- Confirmed the requested fee  Yes  No
- Attach a fee schedule for the current season  Yes  No

Organization Members Name: \_\_\_\_\_

Organization's Address: \_\_\_\_\_ Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: Business - \_\_\_\_\_ Residential - \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Verification of the Applicants Registration: \_\_\_\_\_  
Signature of Member Position

Please return completed Part B information to:

Chance 2 Grow  
Child and Family Services of Central Manitoba Foundation Inc.  
25-3<sup>rd</sup> Street SE Portage la Prairie, MB R1N 1N1  
Phone: 204-857-8751 Fax: 204-239-413  
or  
324 South Railway Avenue - Box 423 Winkler, MB R6W 4A6  
Phone: 204-331-5040 Fax: 204-331-5046