



# Chance 2 Grow Application 2018

## 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:	Father/Guardian:
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Address: _____	Address: _____
City: _____	City: _____
Postal Code: _____	Postal Code: _____
Phone: Home - _____ Work - _____	Phone: Home - _____ Work - _____
Cell: _____	Cell: _____
Email: _____	Email: _____
<input type="checkbox"/> I have full custody <input type="checkbox"/> I share custody *I have a live in partner other than the child's father <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> I have full custody <input type="checkbox"/> I share custody *I have a live in partner other than the child's mother <input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE NOTE – THE FOUNDATION CANNOT PROCESS AN APPLICATION WITHOUT THE FOLLOWING INFORMATION:		
<input type="checkbox"/> A completed Chance 2 Grow Application	<input type="checkbox"/> Signed Declaration	<input type="checkbox"/> Family Contribution
		*Cheques made out to CFS*

<input type="checkbox"/> Financial documents verifying income		
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**Step 3 – Financial Information**

Total Family Income: Please indicate your total family income for 2017 from ALL sources. Include any supporting documentation (must include the summary sheet from 2017 income tax).  
If custody is shared, please submit income information for both parents.

<b>Total Annual Income from ALL sources</b>	<b>\$</b> _____
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**Number of children living in home:** \_\_\_\_\_

Total Family Income: **Please check all that apply**

- Annual Wage/Salary
- Income Assistance
- Employment Insurance
- Child Maintenance
- Other. Please describe: \_\_\_\_\_

**Please provide documentation for any of the indicated income sources above; must include 2017 income tax summary sheet.**

<b>Public Awareness:</b> Can we contact you to share your child’s experience in feature articles such as newspapers, radio, and Foundation newsletters? Please circle.	<b>Yes</b>	<b>No</b>
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<b>How were you made aware of the Chance 2 Grow Fund?</b>	Please check all that apply
Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Friend <input type="checkbox"/> School <input type="checkbox"/> Poster <input type="checkbox"/> Agency/Worker <input type="checkbox"/> Hockey Club <input type="checkbox"/> Other <input type="checkbox"/>	

**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 dependent on available funding.
- 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: \_\_\_\_\_



# Chance 2 Grow Application 2018

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: 204-239-1413  
or  
324 South Railway Avenue, Winkler, MB R6W 0M8

Phone: 204-331-5040 Fax: 204-331-5046