



Chance 2 Grow Application 2020

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 YOUR INCOME (LAST YEAR'S INCOME TAX SUMMARY) WITH THE 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 YOUR CONTRIBUTION WITH THE 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: _____

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 father
 Yes No

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:

<input type="checkbox"/> Completed Chance 2 Grow Application	<input type="checkbox"/> Financial documents verifying income	<input type="checkbox"/> Signed Declaration	<input type="checkbox"/> Family Contribution *Cheques made out to CFSCM*
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Step 3 – Financial Information

Total Family Income: Please indicate your total family income for last year from ALL sources. Include employment income, child support, EI Benefits, Income Security etc. Please supply copies of financial documents, the summary sheet from last year's income tax is preferred.

If custody is shared, please submit income information for BOTH parents.

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

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 dependant on available funding.
- Attendance, conduct and other factors will be considered for repeat applicants when processing applications.
- Parental contribution must be received before application will be processed.
- Chance 2 Grow is for children from age 5-17.
- 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: _____

Step 4 – Supplementary Information to be completed by Organization Board Member

**** 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 forms to:

Chance 2 Grow
c/o Child & Family Services of Central Manitoba
25 3rd Street SE, Portage la Prairie, MB R1N 1N1
Phone: 204-857-8751 Fax: 204-239-1413
Toll Free: 1-888-339-3576

Web site: www.cfscmfoundation.com

Additional applications can be downloaded from our website.