



CanSkate Application 2023

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:

1st child: \$20.00
 Every child after that: \$15.00 each
 Maximum parental Contribution of \$50.00
 For example, if you have 2 children in skating your family contribution would be \$35.

****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: _____ First Name: _____	Last Name: _____ First Name: _____
Address: _____ City: _____	Address: _____ City: _____
Postal Code: _____ Phone: Home - _____ Work - _____ Cell: _____	Postal Code: _____ Phone: Home - _____ Work - _____ 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 father <input type="checkbox"/> Yes <input type="checkbox"/> No

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.

Total Annual Income from ALL sources	\$ _____
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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.

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 Arron’s Chance 2 Play Fund?		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"/>			
Things you need to Know:			
<ul style="list-style-type: none"> • An application does not guarantee a sponsorship for this skating season. • 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 Play Fund does not sponsor children in Agency care. • Skating is funded up to a maximum of \$400.00 per child per year • Our fiscal year is from April 1 – March 31 			
Cancellation Policy: If the player leaves the program or Club, within current season, registration fees where applicable will be reimbursed to the Chance 2 Play Fund.			

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 player: _____

- HAVE YOU INCLUDED:**
- **Completed and signed application**
 - **Verification of Income**
 - **Parental contribution**
 - **Form completed and signed by CanSkate**

Please Take to Your CanSkate Organization
Chance 2 Play 2023
Application

Child's Name: _____

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

Organization: (please print)

The organization is the club with which the athlete is registered or will be registering to. Only the **President, Vice President, Registration Chair, Secretary, or Treasurer** of the organization's Board of Directors are eligible to sign the application form.

Organization: _____

Club Name: _____

Program Start Date: _____ Completion Date: _____

Registration Fees: \$ _____ Registration Fees only

This amount cannot include ice time, uniform fees, travel, raffle tickets, etc.

Organization's Board Members Responsibilities:

Your responsibilities when signing this form are:

- Confirmed that the athlete is registering for the requested program Yes No
- Confirmed the requested fee Yes No

Boards Members Name: _____

Organization's Address: _____ Town: _____

Postal Code: _____ Telephone: Business - _____ Residential - _____

Fax: _____ Email: _____

Verification of the Applicants Registration: _____

Signature of Board Member

Position



Please return completed Part B information to:
Chance 2 Play
Child and Family Services of Central Manitoba Foundation Inc.
25-3rd Street SE Portage la Prairie, MB R1N 1N1
Phone: 204-857-8751 Fax: 204-239-1413