## **Application Form for Financial Assistance**



## Participant Information

| Name:                                         |                      |                              | Gender:                               |                          |
|-----------------------------------------------|----------------------|------------------------------|---------------------------------------|--------------------------|
| Date of Birth:                                |                      |                              |                                       |                          |
| Parent/Guardian Info                          | ormation             |                              |                                       |                          |
| Name:                                         |                      |                              | Relationship                          | to Child:                |
| Address:                                      |                      |                              |                                       | -                        |
| City:                                         |                      | Postal Code:                 |                                       |                          |
| Phone:                                        |                      | Email:                       |                                       |                          |
| Please select the option(s) b                 | pelow that identif   | y your reason for applying   | g for financial assistance:           |                          |
| □Low Income                                   | ome □Single Parent   |                              | ☐Recent Job Loss                      |                          |
| ☐Health Issue                                 | □Other:              |                              |                                       |                          |
| Program Information                           |                      |                              |                                       |                          |
| Please select the program t                   | hat you are partio   | cipating in:                 |                                       | Bushell of East          |
| □TAS                                          | □NxtUP               | □SuperCamp                   | ☐Provincial Teams                     | Registration Fee         |
| ☐ Player Clinics ☐ ☐ Other                    | :                    |                              |                                       |                          |
| Household Informati                           | on                   |                              |                                       |                          |
| Number of Adults in the ho                    | me:                  | Number of                    | Children in the Home:                 |                          |
| What is the total income for                  | r your household     | in a year? \$                | <del></del>                           |                          |
| By signing below, I confirm                   | that all information | on in this application is ac | curate.                               |                          |
| Parent/Guardian Signature:                    |                      |                              | Date:                                 |                          |
| Verification                                  |                      |                              |                                       |                          |
| Choose 1 of the following 2                   | options to comp      | ete the verification proce   | ess                                   |                          |
| Income Verification - P                       | lease attach a co    | py of one of the following   | documents for ALL income earne        | ers in the household:    |
| ☐Most recent CRA Notice of                    | of Assessment        | □Three(3) most rece          | ent pay stubs                         |                          |
| Endorser Verification of the following as you |                      | a third party and can asse   | ess the financial situation of the fa | mily. Please choose one  |
| ☐Social Worker                                | ☐ Lawyer             | ☐Teacher/Principal           |                                       |                          |
| Name:                                         |                      |                              |                                       |                          |
| organization:                                 |                      |                              | Position:                             |                          |
| Phone:                                        |                      | Email:                       |                                       |                          |
| I,a grant from Basketball Sasl                |                      |                              | applicant has financial need and si   | hould qualify to receive |
| Endorser Signature:                           | _                    | ·                            | Date:                                 |                          |

Confidentiality: All information provided is kept in the strictest confidence. The information contained on this application form is us solely for the purpose of adjudicating the grant request. Personal information shall not be used or disclosed for purposes other than that for which it was collected.