YORK YOUTH CONNECTION

A York University Summer Day Camp

Division of Advancement
York University, West Office Building
4700 Keele St., Toronto, ON M3J 1P3
Tel: 416-736-5669 Email: yyc@yorku.ca

2014 SUBSIDY APPLICATION

CAMPER / CHILD INFORMATION

In order to be considered for a subsidy, please:

- **Completed subsidy application form must accompany registration form**
- **attach all appropriate documentation to verify income/expenses**

A limited number of subsidies are available for families who qualify. Subsidy reviews will begin in May, on a first-come-first-served basis, and families will be notified shortly after. YYC reserves the right to limit the number and amount of subsidy issued to any one family. Subsidy decisions are made based on a number of factors including the amount of funds available and the number of eligible applicants, with priority granted to qualifying families from the Black-Creek community.

CAMPER / CHILD INFORMATION

Child's surname: _____Camper's first name:_____

Home address: _____ City:_____ Province:____ Postal Code: _____

Gender: [ ] Male [ ] Female Date of birth (mm/dd/yyyy): ___/___/_____Has child attended YYC before? [ ] No [ ] Yes

Child's primary residence is with [ ] mother, [ ] father [ ] both parents [ ] other _____

YYC session(s) requested:

1 (June 30-July 11 (9days))___ 2 (July 14-July 25 (10days)___ 3 (July 28-August 8 (9days)___ 4 (August 11-22 (10days)_____

Does the Camper have any siblings attending camp? [ ] No [ ] Yes, please provide name(s) _____

Please note: A separate subsidy application form is required for each camper/child.

Total # of children (including camper/child) living in the household _____

FAMILY INFORMATION

Primary Parent or Guardian Contact Info.

Parent/Guardian's surname: _____ Parent/Guardian's first name:_____

Home address: _____ City:_____

Province:_____ Postal Code: _____ Home phone: (_____)-_____-_____

Business phone: (_____)- _____-_____ Cell-phone:(_____) -_____-_____

E-mail address: _____

Please check appropriate category: Community Resident ___ YorkU Employee ___ YorkU Student ___ YorkU Alumni

YORK UNIVERSITÉ UNIVERSITY

Secondary Parent or Guardian Contact Info.

Parent/Guardian's surname: _____ Parent/Guardian's first name:_____

Home address: _____ City:_____

Province:_____ Postal Code: _____ Home phone: (_____)-_____-_____

Business phone: (_____)- _____-_____ Cell-phone:(_____) -_____-_____

E-mail address: _____

Is this a single-parent household? Yes____ No____

Total annual family income (please refer to list below & **attach appropriate supporting documents**) $_____

Please note: If single-parent household, include additional income received from secondary parent towards child and household expenses.

__ Notice of Assessment and at least one of the following:

__ Two consecutive and recent pay stubs __ Social assistance (Ontario Works)

__ Ontario Disability Support Pension __ Guaranteed income supplement (GIS) __ Workers' Compensation

__ Employment Insurance __ Letter from social agency/religious institution __ Other

Household expenses:

Item	***Supporting documents (please attach)***	***Expense***
Housing (Rent or Mortgage Payment per month)	mortgage statement/rent receipts	$
Childcare expenses	copy of payment/receipts	$
Utilities	copies of utility bills	$
Tuition expenses	copy of student card/tuition payment	$
Additional medical/health expenses	copies of receipts	$
Transportation	copy of car payment/insurance	$
Outstanding loans (e.g. student loans, credit cards)	copy of statements	$
Other – please specify		$
	TOTAL	$

Are there additional reasons why you are seeking a subsidy? _____

Parent/Guardian Signature _____ **Date** _____

By signing and dating above, you confirm the information provided is correct and accurate.

Subsidies awarded may require partial or nominal payment in advance of 2014 YYC Camp Season
For information about the subsidy process, please contact (416) 736-2100 ext. 44206

Forward completed subsidy application form and supporting documentation to:

York Youth Connection
Alumni Relations, Division of Advancement
York University, West Office Building
4700 Keele Street
Toronto, ON M3J 1P3
Fax: (416) 650-8220

For Office Use Only:
Application Received: _____ Application Complete ___ Application In-complete ___ Follow-up _____
Application Status -- ☐ Approved Subsidy Amount _____ Session(s) _____ ☐ Not Approved

PRIVACY NOTICE

Personal information in connection with this form is collected under the authority of *The York University Act, 1965* (S.O. 1965, c. 143, s. 5) and will be used for York Youth Connection Summer Camp and related administration or consistent purposes. If you have any questions about the use, collection and disclosure of personal information by York University, please contact the Manager, Community Relations (416) 735-5669 or yyc@yorku.ca.

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