



Financial Assistance Program

Can I Play Too?



The “Can I Play Too?” program has been established to support families in Middlesex County to enable the participation of children in community recreation programs. This program is open to all recreational programs however the emphasis will be placed on supporting programs offered in the Municipality of Southwest Middlesex. This financial assistance program generally covers 50% of the recreational program’s registration costs to a maximum subsidy of \$300.00 per child or \$900.00 per family per year. For this financial assistance program, the subsidy is paid directly to the recreation program or organization. The Municipality of Southwest Middlesex reserves the right to fund any amount of the subsidy request or to deny said request. Information collected from this application will be used solely for the subsidy and will be kept confidential as per the Municipal Freedom of Information and Protection of Privacy Act.

PARENT/GUARDIAN NAME(S):	
ADDRESS:	
POSTAL CODE:	PHONE:
EMAIL:	
PROGRAM TYPE:	COST:
PROGRAM/ORGANIZATION NAME:	
PROGRAM/ORGANIZATION ADDRESS:	
CHEQUE PAYABLE TO (name of sport organization):	
CHILD(REN) NAME(S):	BIRTH DATE(S):
SUBSIDY AMOUNT REQUESTED:	
Statement of Eligibility: This subsidy program is intended to assist children from the Municipality of Southwest Middlesex families whose financial situation limit a child’s ability to participate in community recreation programs, namely basketball, hockey and soccer. Please note that the Low Income Threshold Table will be used to determine financial need. By signing this form you are stating that this family meets this criteria and, if requested, would provide further documentation.	
SIGNATURE OF PARENT(S) OR GUARDIAN(S):	DATE:

STATEMENT OF INCOME

All information will be used solely for the purposes of determining the financial need of persons applying.



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FAMILY INFORMATION

Parent/Guardian #1	Parent/Guardian #2
Address:	Postal Code:
Phone Number: home & Parent(s)/Guardian(s) work #'s	No of Children:

EMPLOYMENT (include all full and part-time employment)

Parent/Guardian #1 Employment:	Position:	Monthly Net Income:
Parent/Guardian #2 Employment:	Position:	Monthly Net Income:

OTHER MONTHLY INCOME (include rent, alimony, child support, Disability benefits, E.I., Ontario Works or Ontario Disability Support Program and all other income sources other than employment)

Parent/Guardian #1 Other Income:	Source:	Monthly Net Income:
Parent/Guardian #2 Other Income:	Source:	Monthly Net Income:

We/I certify that the above information is correct.

Parent/Guardian #1 Signature:	Date:
Parent/Guardian #2 Signature:	Date:
Director of Operations Signature:	Date:

PLEASE RETURN COMPLETED APPLICATION TO THE ATTENTION OF THE DIRECTOR OF OPERATIONS

FOR OFFICE USE ONLY:

Approved: Yes No Amount: _____ Date: _____

Play it Forward Amount (up to 35% of basketball, soccer and hockey): _____

Can I Play Too? Amount _____

Other applications for this family:

Date: _____ Amount: _____