



Beaches Sandbox

FINANCIAL ASSISTANCE APPLICATION

Beaches Sandbox offers a wide variety of high-quality programming. Our goal is for everyone to be able to participate in these programs, regardless of their financial status. The Beaches Sandbox Financial Assistance program is put in place to allow those who otherwise could not afford to participate, access to all programs offered at the centre. Please take a moment to provide us with some personal information so that we can assess your request for financial assistance.

Primary Contact Name:	Phone Number:
Address:	Email:

APPLICANT INFORMATION

FIRST AND LAST NAME	DATE OF BIRTH	AGE	GENDER	FOR STAFF USE ONLY		
				CATEGORY	ASSISTED FEE	ADJUSTMENT
_____ <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL	_____ MM/DD/YYYY					
_____ <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL	_____ MM/DD/YYYY					
_____ <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL	_____ MM/DD/YYYY					
_____ <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL	_____ MM/DD/YYYY					
_____ <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL	_____ MM/DD/YYYY					
_____ <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL	_____ MM/DD/YYYY					
				TOTAL		

To participate in the Beaches Sandbox Financial Assistance Program, we will need you to list your annual household income in the space provided below:

Please attach your last Record of Assessment from the CRA to this application form. Please note that documents will be destroyed after review.

I verify this information to be accurate and accept responsibility for notifying Beaches Sandbox should my financial situation change. I confirm I am over the age of 16 and have carefully read and understood this application.		
Applicant:		
	Applicant Name (Printed):	Applicant Signature:
Date:		

COMMITMENT TO PRIVACY

Beaches Sandbox is committed to protecting personal information by following responsible information-handling practices. The information that you provide when you access or register for a Beaches Sandbox program is collected and used in order to better meet your service needs, to ensure a safe environment, for statistical and assessment purposes, to inform you about the program in which you are registered in, and to comply with government and regulatory requirements. You may also hear from us periodically about other Beaches Sandbox programs, services and opportunities that may interest and benefit you. For more information on our our commitment to privacy, or if you do not wish to receive such communications from Beaches Sandbox, please visit our website at www.beachessandbox.com and click on "Privacy Policy" or call Beaches Sandbox at 416-928-0755.

FOR STAFF/ADMINISTRATIVE USE ONLY – PLEASE DO NOT USE			
Financial Assistance Approved:			Beaches Sandbox Staff Name
Family financial contribution approved:	\$		Beaches Sandbox Staff Signature
Join Date:		Date Approved:	
		Approval #:	