

Application

Please note: If you are having difficulty completing the application, please contact your support worker, friend or a family resource person. **Incomplete applications will not be reviewed or processed.**

Please send completed application and attachments using **one** of the following:

Scan and email: apply@youthreach.ca

success stories and positively impact fundraising efforts.

Participant Information:			
First Name			
Last Name			
Gender: ☐ Male ☐ Female Date of Birth	Phone		
Address			
City	Postal Code		
Parent/Guardian/Adult Information	on:		
First Name			
Last Name			
Relationship to Child			
Number of Adults in the Home	Number of Children/Youth in the Home		
Address (if different from above)			
City	Postal Code		
Phone	Work	Cell	
Email			
Date			
To be considered for any funding or other ser is hereby released from any and all claims tha		_ ,	

funded by youthreach and by submitting this application I voluntarily agree with this statement in its entirety. I also agree to future inquiries from youthreach regarding the success of my child's experience in order to track

Program Information (ALL information must be provided):

Program				
Organization/Club				
Organization Contact				
Club Mailing Address				
City	Postal Code			
Phone	Email _	Email		
Program start date	(dd/mm/yyyy)	Program end date	(dd/mm/yyyy)	
	Registrati	on Fee \$		
	Discount from Organizatio	n/Club \$		
	Amount requested from YouthReach \$			
	(If approved, YouthReach can provide up to a maximum of \$300 per child per 12-month period.)			
If possible attach a phobe linked to your child		der's registration form with	this application so payment can	
Please complete section	ons A and B to show your curi	ent financial situation.		
Income:				
your CRA "My Accou	on, the most recent Notice of A nt" on the CRA website, is requi ept. Please do not send child to	red for each adult in the hou	· · · · · · · · · · · · · · · · · · ·	
Applications without	t an NOA for each adult in the h	nousehold will not be accept	ed.	
Verification:				
	arty who is familiar with the fan facing the family. Please check		tion to verify	
☐ Social services/worke	r 🖵 School Teacher/Principal	☐ Police Officer ☐ Lawyer	☐ Member of Clergy ☐ Other	
Name				
Organization				
Position				
Email				
Other (if selected above)				
☐ Tagree that the indiv	idual identified to verify my ap	plication is aware that my fan	nily has financial need for	

support and he or she would be agreeable to being contacted by youthreach for follow-up if required.