



Subsidy Application Form

The Faculty of Kinesiology and Recreation Management recognizes that fees can pose a barrier when engaging children and youth in programming. Various subsidy opportunities are available to offer assistance. Applicants are required to pay a \$60 subsidy fee per child, per program as contribution towards their selected program.

Applicants Information:

Parent/Guardian Name:

<input type="text"/>

First name

Last name

Address:

<input type="text"/>

Primary Address

City

Province

Postal code

Primary Phone #:

<input type="text"/>

Child's Name:

<input type="text"/>

First name

Last name

Child's birthdate:

yyyy/mm/dd

Program Name	Qualifications
<input type="checkbox"/> Low-Income	<p>Subsidies are available for individual registrants who do not have the financial means through parents, guardians, or other agencies. The registrant is only responsible for paying the participation fee (\$60); the remaining fees will be covered by the Faculty of Kinesiology and Recreation Management.</p> <p>Please check the box that best describes your situation:</p> <p><input type="checkbox"/> Family of 2: \$32,270* <input type="checkbox"/> Family of 5: \$54,630* <input type="checkbox"/> Family of 3: \$39,672* <input type="checkbox"/> Family of 6: \$61,613* <input type="checkbox"/> Family of 4: \$48,167* <input type="checkbox"/> Family of 7-plus: \$68,598*</p> <p><small>*Total Family Income – based on the 2018 Statistics Canada Low Income Cut-off guidelines</small></p>
<input type="checkbox"/> Indigenous Engagement	<p>Available for individual registrants of Indigenous Cultural backgrounds (Status, Non-Status, Métis, Inuk). The registrant is only responsible for paying the participation fee (\$60); the remaining fees will be covered by the Faculty of Kinesiology and Recreation Management.</p>
<input type="checkbox"/> Special Needs	<p>Available for individual registrants with developmental and/or physical disabilities. The registrant is only responsible for paying the participation fee (\$60); the remaining fees will be covered by the Faculty of Kinesiology and Recreation Management.</p>

Self-Declaration

By filling out the form below, you acknowledge that:

- Regular program fees pose a financial barrier that would prevent this individual from participating.
- This individual applying meets and understands the qualifications indicated.

Parent/guardian signature:

<input type="text"/>

Date:

<input type="text"/>

yyyy/mm/dd

Registration

- The \$60 participant fee per child, per program is required at the time of application and registration.
- A program registration form is required with this subsidy application form.
- Applications are subject to available funds.
- Our team will contact you with the result of your application.
- Applications are assessed on a first-come, first-served basis. Opportunities are available while funds remain. Limitations to the number of programs subsided may apply per child and per calendar year. We do not hold spots in programs during the period in which your application is being reviewed.

FIPPA STATEMENT OF PURPOSE: This personal information is being collected under the authority of The University of Manitoba Act. It will be used for the registration and admission of the applicant in a University of Manitoba Faculty of Kinesiology and Recreation Management Program. It will not be used or disclosed for other purposes, unless permitted by The Freedom of Information and Protection of Privacy Act (FIPPA). If you have any questions about the collection of your personal information, contact the Access and Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg MB, R3T 2N2.

PAYMENT INFORMATION

Check one: VISA Mastercard Cheque (payable to University of Manitoba)

Cardholder name: _____

Credit card number: Expiry date:

Authorized signature: _____

Amount: _____

PLEASE FORWARD APPLICATION FORM AND REGISTRATION FORM TO:

Fee Subsidy Program
 Faculty of Kinesiology and Recreation Management
 102 Frank Kennedy Centre
 Winnipeg, MB R3T 2N2

For office use only:

Program Coordinator Approval:

Signature:

Date: