



Subsidy Application Form

Registration Term: (Please check applicable)

Winter ☐

Fall ☐

Spring ☐

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 25% of the program registration fee per child, per program as contribution towards their selected program.

** (1 Program per child)*

Applicants Information:

Parent/Guardian Name:

<input type="text"/>	
First name	Last name

Address:

<input type="text"/>			
Primary Address	City	Province	Postal code

Primary Phone #:

Child's Name:

<input type="text"/>	
First name	Last name

Child's birthdate:

<input type="text"/>
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 25% of the registration fee; 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> <table><tr><td><input type="checkbox"/> Family of 2: \$32,270*</td><td><input type="checkbox"/> Family of 5: \$54,630*</td></tr><tr><td><input type="checkbox"/> Family of 3: \$39,672*</td><td><input type="checkbox"/> Family of 6: \$61,613*</td></tr><tr><td><input type="checkbox"/> Family of 4: \$48,167*</td><td><input type="checkbox"/> Family of 7-plus: \$68,598*</td></tr></table> <p>*Total Family Income – based on the 2018 Statistics Canada Low Income Cut-off guidelines</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*
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<input type="checkbox"/> Family of 4: \$48,167*	<input type="checkbox"/> Family of 7-plus: \$68,598*							
<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 25% of the program registration fee; the remaining fees will be covered by the Faculty of Kinesiology and Recreation Management.</p>						

Course ID:

Program Name: _____

Start Date: _____

Registration

- The 25% program registration fee per child, per program is required at the time of application and registration.
- Applications are subject to available funds and space availability.
- 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 subsidized may apply. Limited to one program per term, per child only. 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.

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:

Date:

yyyy/mm/dd

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 FROM TO:

Attn: Penny Lesperance
 Faculty of Kinesiology and Recreation Management
 102 Frank Kennedy Centre
 Winnipeg, MB R3T 2N2
 Phone: 204-474-9490
 Fax: 204-474-7634

For office use only:

Program Coordinator Approval:

Signature:

Date: