

## Town of Legal Recreation Program Subsidy Application

Town of Legal residents may be eligible to access a subsidy that will assist in the costs of program fees for children who demonstrate an inability to pay for recreation programs offered within Legal and the surrounding area.

To qualify for the program subsidy, the family must reside within the Municipal boundaries of the Town of Legal, have a combined net (after taxes) income less than the following income levels or have extraordinary living expenses that would impact ability to pay:

# of Children in Family	1	2	3	4	5	6
Combined Income	\$22,397	\$26,628	\$33,221	\$33,500	\$40,000	\$46,077

- Program subsidies may be provided for a maximum of \$150.00 per person per year to a maximum of \$350.00 per family per year.
- Applicants will be encouraged to pay an affordable portion of the program fee.
- Applicant must complete the request for subsidy application form.
- If applicant does not attend the registered course or program, future applications for subsidy may be affected.
- The decision of the Recreation Department is final.

### Please forward applications to:

Town of Legal  
Box 390  
Legal, Alberta T0G 1L0  
Phone: (780) 961-3773 Fax: (780) 961-4133



# Town of Legal Recreation Program Subsidy Application

**Adult Information (parent/guardian)**

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone (home): \_\_\_\_\_ Work: \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 Email: \_\_\_\_\_

Number of people in family: \_\_\_\_\_ Adults \_\_\_\_\_ Children  
 Are you presently receiving government assistance?(ie SFI, AISH)  
 Yes  No

If you are not on social assistance, please indicate your source(s) of income:

- Part Time Job                       Alimony/Child Support  
 Full Time Job                         EI  
 Other (please state) \_\_\_\_\_

Please state approximate **net** earnings per month: \_\_\_\_\_

In order that we may verify your earnings, please supply a photocopy of one of the following:

- T-4 Slip;
- Child Care Subsidy confirmation indicating full subsidy;
- Alberta Health Care Premium subsidy notice indicating full subsidy;
- Alberta Child Health Benefit Card;
- Confirmation from your social worker

If applying due to extraordinary living expenses, please provide a monthly household budget.

**Child's Information**

1. First Child's First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Gender:  Male  Female Date of Birth: \_\_\_\_\_  
 Age: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Mailing Address (if different from above):  
 \_\_\_\_\_

Street Address (if different from above):  
 \_\_\_\_\_

2. Second Child's First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Gender:  Male  Female Date of Birth: \_\_\_\_\_  
 Age: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Mailing Address (if different from above):  
 \_\_\_\_\_

Street Address (if different from above):  
 \_\_\_\_\_

**Program Registration Information**

Child #1:  
 Program Name: \_\_\_\_\_  
 Organization/Club: \_\_\_\_\_  
 Start Date: \_\_\_\_\_  
 End Date: \_\_\_\_\_  
 Total Registration Fee: \_\_\_\_\_

Child #2:  
 Program Name: \_\_\_\_\_  
 Organization/Club: \_\_\_\_\_  
 Start Date: \_\_\_\_\_  
 End Date: \_\_\_\_\_  
 Total Registration Fee: \_\_\_\_\_

Please check one:

- I wish to apply for partial subsidy.  
 Amount: \_\_\_\_\_
- I wish to apply for full subsidy.

I hereby certify that the information provided in this application for subsidy is valid.

\_\_\_\_\_  
*Signature* \_\_\_\_\_  
*Date*

Please forward applications to the address below. Allow two weeks for processing of applications.

Town of Legal  
 Box 390  
 Legal, Alberta T0G 1L0



**Office Use Only**

Earnings documentation provided  \_\_\_\_\_

*The personal information provided will be used to process your request for subsidy for your child and is collected under the authority of Section 33© of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection and use of this information, please contact the Legal FOIP Coordinator at Box 390, Legal, Alberta T0G 1L0 (780)961-3773.*