



Chance 2 Grow Application 2026/2027

Step 1 – Eligibility

Before you begin, determine your eligibility:

Eligibility for the program is based on your household size and family income. Please determine if you are eligible. **Please circle or highlight your household size and maximum income level.**

| Total Family Household Size | Maximum Allowable Total Family Income |
|-----------------------------|---------------------------------------|
| 2 | \$40,006 |
| 3 | \$47,697 |
| 4 | \$56,502 |
| 5 | \$63,273 |
| 6 | \$70,493 |
| 7+ | \$77,746 |

****PLEASE SUBMIT VERIFICATION OF YOUR INCOME (LAST YEAR'S INCOME TAX SUMMARY) WITH THE APPLICATION**

Parental Contribution:

| If registration, equipment and supplies total: | Parental Contribution: |
|--|------------------------|
| Under \$100 | \$5.00 |
| \$100 - \$200 | \$10.00 |
| \$200 - \$300 | \$15.00 |
| \$300 - \$400 | \$20.00 |

****PLEASE SUBMIT YOUR CONTRIBUTION WITH THE APPLICATION**

**** APPLICATIONS WILL NOT BE PROCESSED WITHOUT VERIFICATION OF INCOME AND THE PARENTAL CONTRIBUTION**

Step 2 – Personal Information

| Name(s) of Child(ren) in family Household: | Birth date(s): |
|--|----------------|
| 1) _____ <input type="checkbox"/> Male <input type="checkbox"/> Female | 1) _____ |
| 2) _____ <input type="checkbox"/> Male <input type="checkbox"/> Female | 2) _____ |
| 3) _____ <input type="checkbox"/> Male <input type="checkbox"/> Female | 3) _____ |
| 4) _____ <input type="checkbox"/> Male <input type="checkbox"/> Female | 4) _____ |
| 5) _____ <input type="checkbox"/> Male <input type="checkbox"/> Female | 5) _____ |
| 6) _____ <input type="checkbox"/> Male <input type="checkbox"/> Female | 6) _____ |

Custodial Parental Information:

| Mother/Guardian | Father/Guardian |
|--|--|
| Last Name: _____ | Last Name: _____ |
| First Name: _____ | First Name: _____ |
| Address: _____ | Address: _____ |
| City: _____ Postal Code _____ | City: _____ Postal Code _____ |
| Phone: Home _____ Work _____ | Phone: Home _____ Work _____ |
| Email: _____ | Email: _____ |
| <input type="checkbox"/> I have full custody <input type="checkbox"/> I share custody *I have a live-in partner other than the child's father <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> I have full custody <input type="checkbox"/> I share custody *I have a live-in partner other than the child's mother <input type="checkbox"/> Yes <input type="checkbox"/> No |

Alternative Contact Information:

If you want the Coordinator to speak with someone other than yourself regarding your child(ren)'s application, please indicate:

Name: _____ Phone: _____

Relationship to Child: _____ Email: _____

Step 3 – Financial Information

Total Family Income: Please indicate your total family income for last year from **ALL** sources. **Include employment income, child support, EI Benefits, Income Security etc.** Please supply copies of financial documents, the summary sheet from last year's income tax is preferred.

If custody is shared, please submit income information for BOTH parents.

| Income Source | Mother/Guardian | Father/Guardian |
|---|--|--|
| Employed? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Total Annual Income from ALL sources | \$ _____ | \$ _____ |

Step 4 – Program Information**Program Information:**

Funding request for: _____

Type of activity: _____

Name of club or organization: _____

Duration of program: _____

Cost of program: _____

Funding request for: Musical instrument Equipment Supplies

Please describe: _____

- Receipts must be submitted for reimbursement to the parent or invoices submitted for payment to the organization

Things you need to Know:

- An application does not guarantee a sponsorship.
- The Foundation will sponsor each child to a maximum of \$400 per year dependant on available funding.
- Attendance, conduct and other factors will be considered for repeat applicants when processing applications.
- Parental contribution must be received before application will be processed.
- Chance 2 Grow is for children from age 5-17.
- The chance 2 Grow Fund does not sponsor children in Agency care.
- Our fiscal year runs from April 1 to March 31.

Can we contact you to share your child's experience in feature articles such as newspapers, radio, and Foundation newsletters? Yes No

How were you made aware of the Chance 2 Camp Fund?

- Newspaper Radio Friend School Poster Agency/Worker
 Social media Other

Declaration:

I have read and understand the attached eligibility criteria and by my signature below declare the above information to be true:

Signature: _____ Date: _____ Relationship to child: _____



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Child's Name: _____

Supplementary Information to be completed by Organization Member.

Please submit the name of the group, club, or organization with which the child is registered or will be registering.

Organization: _____

Class or Activity: _____

Club Name: _____

Program Start Date: _____ Completion Date: _____

Registration Fees: \$ _____

Organization's Responsibilities:

Your responsibilities when signing this form are:

- Confirm that the child is registering for the requested program: Yes No
- Confirm the requested fee: Yes No
- Attach a fee schedule for the current season: Yes No
- Attach a copy of the Invoice: Yes No

Organization Members Name: _____

Organization's Address: _____ Town/City: _____

Postal Code: _____ Phone: Business _____ Personal _____

Email: _____

Verification of the Applicants Registration: _____
Signature of Member Position

PLEASE NOTE – THE FOUNDATION CANNOT PROCESS AN APPLICATION WITHOUT THE FOLLOWING INFORMATION:

| | | | | |
|--|--|---|--|---|
| <input type="checkbox"/> Completed Application | <input type="checkbox"/> Financial Documents | <input type="checkbox"/> Signed Declaration | <input type="checkbox"/> Completed Supplementary Information | <input type="checkbox"/> Family Contribution *Cheques made out to CFSCM* |
|--|--|---|--|---|

Please return completed forms to:

Chance 2 Grow c/o Child & Family Services of Central Manitoba
 25 3rd Street SE, Portage la Prairie, MB R1N 1N1
 Phone: 204-857-8751 Fax: 204-239-1413
 Website: www.cfscmfoundation.ca
 Additional applications can be downloaded from our website.