



# Chance 2 Grow Application 2024

## Step 1 – Eligibility

### Before you begin, determine your eligibility:

Eligibility for the program is based on your Household Size and Total Family Income. Please determine if you are eligible.

Please circle your Household Size and Maximum Income level.

Total Family Household Size	Maximum Allowable Total Family Income
2	\$35,498
3	\$42,322
4	\$50,135
5	\$56,111
6	\$62,549
7+	\$68,986

**\*\*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 of Child(ren):		Birth date(s):
1)	Male      Female	1)
2)	Male      Female	2)
3)	Male      Female	3)
4)	Male      Female	4)

Custodial Parental Information	
Mother/Guardian:	Father/Guardian:
Last Name: _____ First Name: _____ Address: _____ City: _____ Postal Code: _____ Phone: Home _____ Work _____ Email: _____	Last Name: _____ First Name: _____ Address: _____ City: _____ Postal Code: _____ Phone: Home _____ Work _____ 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

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

<input type="checkbox"/> Completed Chance 2 Grow Application	<input type="checkbox"/> Financial documents verifying income	<input type="checkbox"/> Signed Declaration	<input type="checkbox"/> Family Contribution *Cheques made out to CFSCM*
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## 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
Employer Name		
Annual Wages / Salary	\$	\$
Income Assistance	\$	\$
Employment Insurance	\$	\$
Child Maintenance Received	\$	\$
Other	\$	\$
<b>Total Annual Income from ALL sources</b>	\$	\$

**Public Awareness:** Can we contact you to share your child's experience in feature articles such as newspapers, radio, and Foundation newsletters? **Please circle. Yes No**

**How were you made aware of the Chance 2 Grow Fund?** Please check all that apply  
 Newspaper  Radio  Friend  School  Poster  Agency/Worker  
 Hockey Club  Other

**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.

**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: \_\_\_\_\_



# Chance 2 Grow Application 2024

Please Take to Your Child's Group, Club, or Organization

Child's Name: \_\_\_\_\_

## Step 4 – Supplementary Information to be completed by Organization Board Member

**\*\* PLEASE PRINT \*\***

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:

- Confirmed that the child is registering for the requested program  Yes  No
- Confirmed the requested fee  Yes  No
- Attach a fee schedule for the current season  Yes  No

Organization Members Name: \_\_\_\_\_

Organization's Address: \_\_\_\_\_ Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: Business \_\_\_\_\_ Residential \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Verification of the Applicants Registration: \_\_\_\_\_

Signature of Member

Position

### **Please return completed forms to:**

Chance 2 Grow  
 c/o Child & Family Services of Central Manitoba  
 25 3<sup>rd</sup> Street SE, Portage la Prairie, MB R1N 1N1  
 Phone: 204-857-8751 Fax: 204-239-1413  
 Toll Free: 1-888-339-3576

Web site: [www.cfscmfoundation.ca](http://www.cfscmfoundation.ca)

Additional applications can be downloaded from our website.