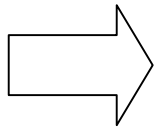


**TOWN OF GIBBONS  
RECREATION PROGRAM SUBSIDY PROGRAM APPLICATION**

Town of Gibbons residents may be able to access a subsidy to offset course registration costs of children's courses provided by Sturgeon Adult Learning Council Members and as advertised through the Programs For People Tabloid.

To qualify for the program subsidy, the family must reside within the Municipal boundaries of the Town of Gibbons and have an income less than:

- \$20,700 for a family of 2
- \$25,300 for a family of 3
- \$30,000 for a family of 4
- \$33,500 for a family of 5
- \$40,000 for a family of 6 or more.....or



**If your family income is higher than those stated above, consideration may be given to families with higher than average monthly expenses. Please fill in the Expense Details page of this application.**

- Program subsidies may be provided for a maximum of \$50.00 per person per program period to a maximum of \$200.00 per family. (Program periods are from January to June & July to December.)
- Applicants will be encouraged to pay an affordable portion of the program fee.
- Applicant must not have received a subsidy for the program from any other source.
- Applicant must complete the request for subsidy application form.
- If applicant does not attend the registered course or program, future applications for subsidy will be affected.
- The decision of the Community Services Department is final.

**ALL APPLICATIONS WILL BE HELD IN STRICTEST CONFIDENCE.**

**TOWN OF GIBBONS**  
**RECREATION PROGRAM SUBSIDY PROGRAM APPLICATION**

All applications will be held in strict confidence.

Applicant Information:

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Number of people in family: \_\_\_\_\_ Adults \_\_\_\_\_ Children – Ages of Children: \_\_\_\_\_

Are you presently receiving social assistance?       Yes       No

If yes, have you discussed the possibility of financial assistance for this program with your caseworker?

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

- |   |  |
|---|--|
| <input type="checkbox"/> Part time job              | <input type="checkbox"/> Alimony/child support |
| <input type="checkbox"/> Full time job              | <input type="checkbox"/> EI                    |
| <input type="checkbox"/> Other (please state) _____ |  |

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

In order that we may verify your earnings, please supply 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 your income exceeds the amounts listed on the first page of this application, please fill out the Expense Details on page three.***

**TOWN OF GIBBONS  
RECREATION PROGRAM SUBSIDY PROGRAM APPLICATION  
EXPENSE DETAILS**

**Please fill in this page only if your income is higher than those stated on the first page.**

<b>EXPENSES – List your actual monthly expenses</b>		<b>Monthly Amount</b>
<b>Basic Needs:</b>		
<b>Shelter</b>		
Rent/Mortgage	\$	
Property Taxes	\$	
Utilities (gas, electricity, water, etc.)	\$	
Phone	\$	
Cable/Satellite	\$	
Home/Content Insurance	\$	
<b>Total Shelter =</b>		<b>\$</b>
<b>Transportation</b>		
Vehicle Maintenance (repairs, gas, oil)	\$	
Vehicle Insurance, registration & licence	\$	
<b>Total Transportation =</b>		<b>\$</b>
<b>Groceries</b> (includes cleaning products, paper products, laundry supplies etc.)		<b>\$</b>
<b>Clothing</b>		<b>\$</b>
<b>Personal Grooming</b> (e.g. haircuts, perms shaving gear, make-up)		<b>\$</b>
<b>Medical</b>		
Alberta Health Care Insurance/Blue Cross	\$	
Prescriptions (if claiming over \$50/month, provide a 12 month pharmacist printout)	\$	
Other (please specify)	\$	
<b>Total Medical =</b>		<b>\$</b>
<b>Special Needs</b> <i>Please specify:</i>		
		<b>\$</b>
<b>Fees/Supplies</b>		
School Fees	\$	
School Supplies	\$	
Child Care Fees	\$	
Other: <i>please specify</i>	\$	
<b>Total Fees/Supplies =</b>		<b>\$</b>
<b>Other:</b> <i>Please specify:</i>		<b>\$</b>
<b>Other:</b> <i>Please specify:</i>		<b>\$</b>
<b>Other:</b> <i>Please specify:</i>		<b>\$</b>
<b>Other:</b> <i>Please specify:</i>		<b>\$</b>
<b>TOTAL MONTHLY EXPENSES:</b>		<b>\$</b>

**TOWN OF GIBBONS  
RECREATION PROGRAM SUBSIDY PROGRAM APPLICATION**

Program Registration Information

Program Name	Participant's Name	Age	Cost
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Are you able to pay for a portion of the fee?  Yes (*List amount you could pay*): \_\_\_\_\_  
 No, I require a 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.

Gibbons Community Services  
Town of Gibbons  
4807 – 50 Avenue  
Box 68  
Gibbons, Alberta  
T0A 1N0

ATTENTION: MARG CLARK  
Phone 923-3331 Fax 923-3691