

## **Registration Fee Assistance Program**

FAST believes participation in organized sport is invaluable to our youth. As a club, we strive to make our programs affordable and accessible to all while ensuring the financial obligations of the club are met. We do realize however, there are situations where families cannot afford to register with FAST. It is for this reason FAST has developed a Registration Fee Assistance Program whereby an individual has the opportunity to apply for financial assistance in paying for their FAST registration fee for one swim season.

To apply, please complete the attached form and return it c/o FAST Treasurer, along with the required supporting information. Your application is confidential and will be reviewed in conjunction with Statistics Canada's latest Low Income Cut Off (LICO). You will be notified of your eligibility after your application is reviewed (allow 3 to 4 weeks).



## **Registration Fee Assistance Application**

| Full Name            |   | Date                              |         |              |
|----------------------|---|-----------------------------------|---------|--------------|
| Address              |   | City                              |         |              |
|                      |   | Postal Code                       |         |              |
| Telephone            |   | Cell phone                        |         |              |
| Email                |   | ·                                 |         |              |
| Name of Swimmer      | (s): 1  | Group:                            |         |              |
| Number of Depend     | dents (children under 18) are in your h                                   | nousehold?                        |         |              |
| Have you received    | YES   | NO                                |         |              |
| Have you applied f   | YES   | NO                                |         |              |
| Are you able to cor  | YES   | NO                                |         |              |
| f yes, please indica | ate the amount you are able to pay.                                       | \$                                |         |              |
| •                    | rief explanation of your current finand dditional medical expenses, etc.) | cial situation (for example, uner | nployed | d, temporary |
|                      |   |                                   |         |              |
|                      |   |                                   |         |              |
|                      |   |                                   |         |              |
|                      |   | -                                 |         |              |
|                      |   |                                   |         |              |
|                      |   |                                   |         |              |
|                      |   |                                   |         |              |

REQUIRED: Current proof of your income (most recent Notice of Assessment for each adult) is required to be submitted along with this application. To receive a copy of your Notice of Assessment phone 1-800-267-6999. **Applications without this documentation will not be considered.** 

| Household Income              | Per Month (Pre Tax) |
|-------------------------------|---------------------|
| Income (yourself)             |                     |
| Income (spouse/partner)       |                     |
| El Benefits                   |                     |
| Social Assistance Benefits    |                     |
| Child Support/Spousal Support |                     |
| Canada Child Tax Benefit      |                     |
| Student Loan                  |                     |
| Savings                       |                     |
| Other (please specify)        |                     |
|                               |                     |
| TOTAL INCOME                  | \$                  |

Please list any special and/or extraordinary expenses that you incur, outside of regular household expenses.

| Special/Extraordinary Expense (please specify) | Per Month (Pre Tax) |
|--|---------------------|
|  |                     |
|  |                     |
|  |                     |
|  |                     |
| TOTAL EXTRA EXPENSES                           | \$                  |

I would like to apply for FAST Registration Fee Assistance because I am unable (not unwilling) to pay the full fee under the standard payment options. If my financial circumstances change, I will notify FAST to discuss my financial situation.

| Signature: |  |  |  |  |
|------------|--|--|--|--|
|            |  |  |  |  |
| Date:      |  |  |  |  |

PLEASE RETURN COMPLETED FORM AND SUPPORTING DOCUMENTATION TO FAST. YOU MAY MAIL TO PO BOX 82, STATION A, FREDERICTON, NB E3B 4Y2, OR DROP OFF IN THE MAILBOX ON DOOR B209 AT THE UNB POOL BUILDING.

ALLOW 10-15 BUSINESS DAYS FOR PROCESSING. COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE ASSISTANCE.