

CBB Financial Assistance Committee Application

Please note, files will NOT be reviewed until ALL DOCUMENTS have been submitted. Kindly include this page with your submission and check each item when done if that item is applicable.

- Completion of Questions 1-4
- Selection of your session preference
- Amount you are offering to pay toward camp fees
- T1 General from 2018 for ALL parents (married/divorced/2nd spouse) or Guardian(s)
- Canadian Revenue Agency (CRA) Notice of Assessment from 2017 or 2018 for ALL parents (married/divorced/2nd spouse) or Guardian(s) sponsoring this application
- All medical/dental/health receipts
- All Jewish Education/Synagogue receipts
- All Child Care receipts
- Personal Letter outlining the circumstances for making this application

CBB of Ottawa-Financial Assistance Form 2019

I/We hereby apply for financial assistance for the upcoming season at Camp B'nai Brith of Ottawa and **we enclose herewith our most recent Income Tax Return(s) (T1 General) AND Notice of Assessment(s) from the Canada Revenue Agency.**

**The Committee will not review applications until end of November.
Deadline for submission is December 1, 2018.**

1. GENERAL INFORMATION

Child(ren)'s Parent #1:

Last Name:

First Name:

Child(ren)'s Parent #2:

Last Name:

First Name:

Legal Guardian (if not either of the parents above):

Last Name:

First Name:

Marital Status:

Single

Married/equivalent

Separated

Divorced

Widowed

Other

Address of Applicant:

Street

City

Postal Code

Address of Other Parent:

Street

City

Postal Code

Telephone:

Parent #1:

Parent #2:

Legal Guardian (if not Parent #1 or Parent #2):

E-mail: Parent #1:

Parent #2:

Legal Guardian (if not Parent #1 or Parent #2):

Child(ren) Living with:

Both Parents

Mother

Father

Other

***Please make note of the FULL Registration Fees (2019) before completing column H**

SS1/SS1b-\$2600 SS2-\$2350 S1-\$5200 S2-\$3600 ST-\$6550 SF-\$7200

Application for Financial Assistance is being made for:

A	B	C	D	E	F	G**	H***
Child #	Last Name	First Name	Date of Birth	# previous years at CBB	Previous Financial Assistance	Session Preference** (only ONE/camper)	I/We are offering to pay this amount:
1					Y N		\$
2					Y N		\$
3					Y N		\$
4					Y N		\$

****Column G-Session Preference (please note dates below)**

SS1-Starter Camp Session Date: June 30-July 14 (*available ONLY to campers having completed grades 1-4*)

SS1b-Starter Camp Session Date: July 14-28 (*available ONLY to campers having completed grades 1-4*)

SS2-Starter Camp Session Date: July 28-Aug 11 (*available ONLY to campers having completed grades 1-6*)

S1-First Half Session Date: June 30-July 28

S2-Second Half Session Date: July 28-Aug 18

ST-Transition Session Date: June 30-Aug 11 (*available ONLY to campers having completed grades 1-6*)

SF-Full Summer Session Date: June 30-Aug 18

CIT-Counsellor/Train Session Date: June 30-Aug 18 (*must attend for SF*)

*****Column H- \$\$\$-MANDATORY-How much are you (as the parent/guardian) offering to pay for the desired session length?**

****If your child is applying for a **Pathfinder (PC) S1 session** only, the supplemental \$1500 charge that would normally be applied to **Pathfinder S1 session only** campers, is **NOT** required and will **NOT** be requested.

Other Children:

Please ensure to list ALL OTHER SUPPORTED dependents (other than for whom Financial Assistance is being requested above). Financial Assistance is strongly linked to family size.

#	Last Name	First Name	Date of Birth	Attending Other Camp	Other Camp's Name	Financial Assistance Requested
1				Y N		Y N
2				Y N		Y N
3				Y N		Y N
4				Y N		Y N

2. INCOME INFORMATION

	Parent #1	Parent #2	Current Spouse/Partner Custodial Parent	Legal Guardian (if applicable)
Occupation				
Name of Employer				
Address of Employer				
Total Annual Income from most recent Tax Return (2017)	\$	\$	\$	\$
Gross Income 2018 (Estimate)	\$	\$	\$	\$
If not employed, for how long?	Months	Months	Months	Months
Child Tax Credits	\$ /month	\$ /month	\$ /month	\$ /month
Welfare Payments	\$ /month	\$ /month	\$ /month	\$ /month
Disability Pension	\$ /month	\$ /month	\$ /month	\$ /month
Employment Insurance	\$ /month	\$ /month	\$ /month	\$ /month
Other	\$ /month	\$ /month	\$ /month	\$ /month

Is any other person(s) (eg. Parent) or organization paying any family expenses?

NO YES If yes, then how much? \$ /mo.

3. ASSETS

A. YOUR CAR(S) Please provide information about the car(s) operated by the family unit (parent #1, parent #2, parent’s current spouse or common-law partner)

	Manufacturer	Model	Year	Own, Lease, Company Car
Car #1				
Car #2				

B. YOUR HOME

Do you own your home?	YES	NO
If “YES”, in what year was it purchased?		
Price Paid:	\$	
Current Market Value (estimate):	\$	
Amount of mortgage outstanding:	\$	
Does your family unit own any other residences? YES NO If “YES”, please provide current equity.	\$	
Does your family unit own rental income property? YES NO If “YES”, please provide current equity.	\$	

C. INVESTMENTS AND OTHER ASSETS (Please include the nature and approximate value of all investments and other assets)

Registered Retirement Investment Portfolio	\$
Non Registered Investment Portfolio	\$
Stock Options	\$
Other (e.g. TFSA)	\$

4. ANNUAL EXPENSES

Please indicate your ANNUAL expenses (EXCLUDING BUSINESS EXPENSES) where applicable

EXPENSE	ANNUAL AMOUNT 2017	ANNUAL AMOUNT 2018 (estimate)
Mortgage Payments	\$	\$
Property Tax or Rent	\$	\$
Child Care *	\$	\$
Synagogue Dues *	\$	\$
Hebrew Day/Afternoon School *	\$	\$
Other Jewish Experiences * (eg. March of the Living)	\$	\$
Medical/Dental/other health related expenses*	\$	\$
Post Secondary Education (Tuition ONLY)*	\$	\$
Vacation	\$	\$
Personal Credit Line(s)**	\$	\$
Other		

***RECEIPTS REQUIRED.**

****STATEMENTS REQUIRED.**

(Please note, estimates of income and expenses will be verified through your submission of actual amounts at the end of the 2018 Year/2018 CRA filings)

5. A SEPARATE LETTER outlining the circumstances for making this application is REQUIRED.

Completed Application Forms along with supporting documents (SEE BELOW) should be submitted to cbb.financialassist@gmail.com OR may be submitted in sealed envelopes (marked CONFIDENTIAL) to:

Camp B'nai Brith of Ottawa
PO Box 23108
Ottawa, ON, K2A 4E2

Completed application forms will be collected and then reviewed by members of the Financial Assistance Committee ONLY.

The deadline for submitting completed Applications Forms is **January 15th, 2019**. Applications for assistance will not be reviewed by the Committee until November of the respective camping season. However, be assured that your child(ren) will be considered REGISTERED pending a decision by the Committee.

Please note that the information submitted is subject to verification by the Financial Assistance Committee. The Financial Assistance Committee reserves the right to return or reject any application that is incomplete or contains false information. Should the decision of the Financial Assistance Committee be based on incomplete or false information, the Committee reserves the right to nullify its decision. Applications may be subject to review by the Financial Assistance Committee at any time.

Committee members undertake to hold all information provided in the STRICTEST CONFIDENCE.

APPLICANT'S SIGNATURES

All information given above is certified to be correct and complete in all respects and I/we hereby give the Financial Assistance Committee the authority to make the required and appropriate inquiries (**including credit checks**) in order to verify the financial information submitted. By signing this application, we are providing our consent for Camp B'nai Brith of Ottawa to collect and use personal information from us and about us for the purposes of understanding our needs and determining our eligibility for financial assistance. We agree that Camp B'nai Brith of Ottawa may keep information about us in its records for as long as it is needed for the purposes described above, even if we do not obtain financial assistance or send our child(ren) to camp. We agree that if any information changes or becomes inaccurate or out-of-date, we will advise the Financial Assistance Committee. We further acknowledge and agree that if we refuse or withdraw our consent, we may not qualify for any financial assistance.

Parent #1 Signature

Parent #2 Signature

Current Spouse/Partner of Custodial
Parent (if applicable)

Legal Guardian (if other than either parent)