

CBB Financial Assistance Committee Application

Please note, files will NOT be reviewed until

ALL DOCUMENTS have been submitted.

- Completion of Questions 1-4

- Selection of your session preference

- Amount you are offering to pay toward camp fees

- T1 General from 2019 for ALL parents
(married/separated/divorced/2nd spouse) or Guardian(s)

- Canadian Revenue Agency (CRA) Notice of Assessment from 2019
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 2020

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.

Deadlines for submission is January 31st, 2020.

1. GENERAL INFORMATION (Please print)

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 (2020) 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	SS1 SS1b SS2 S1 S2 ST SF CIT	\$
2					Y/N	SS1 SS1b SS2 S1 S2 ST SF CIT	\$
3					Y/N	SS1 SS1b SS2 S1 S2 ST SF CIT	\$
4					Y/N	SS1 SS1b SS2 S1 S2 ST SF CIT	\$

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

SS1-Starter Camp Session Date: June 28-July 12 (*available ONLY to campers having completed grades 1-4*)

SS1b-Starter Camp Session Date: July 12-26 (*available ONLY to campers having completed grades 1-4*)

SS2-Starter Camp Session Date: July 26-Aug 9 (*available ONLY to campers having completed grades 1-6*)

S1-First Half Session Date: June 28-July 26

S2-Second Half Session Date: July 26-Aug 16

ST-Transition Session Date: June 28-Aug 9 (*available ONLY to campers having completed grades 1-6*)

SF-Full Summer Session Date: June 28-Aug 16

CIT-Counsellor/Train Session Date: June 28-Aug 16 (*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	Year 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 of Custodial Parent	Legal Guardian (if applicable)
Occupation				
Name of Employer				
Address of Employer				
Income from most recent Tax Return (2019)	\$	\$	\$	\$
Gross Income 2020 (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", when purchased? (Year)	
Price Paid	\$
Current Market Value (estimate)	\$
Amount of mortgage outstanding	\$
Does your family unit own any other residences? (YES or NO) If "YES", please provide current equity	\$
Does your family unit own rental income property? (YES or 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 2018	ANNUAL AMOUNT 2019 (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 2019 Year/2019 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 31st, 2020.**

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

Parent #2

Current Spouse/Partner of Custodial Parent
(if applicable)

Legal Guardian (if other than either parent)