

## **2022 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 camp session preference
- Amount you are offering to pay toward camp fees
- Most recent T1 General for ALL parents (married/divorced/ 2<sup>nd</sup> spouse) or Guardian(s)
- Most recent Canadian Revenue Agency (CRA) Notice of Assessment for ALL parents (married/divorced/2<sup>nd</sup> 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 2022**

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

**Deadlines for submission is January 1, 2022.**

### **1. GENERAL INFORMATION (Please print)**

**Total Number of Campers:** \_\_\_\_\_

**Total Family Members (Parents & Children):** \_\_\_\_\_

**Parent/Guardian #1:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City Postal Code

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

**E-mail:** \_\_\_\_\_

**Parent/Guardian #2:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City Postal Code

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

**E-mail:** \_\_\_\_\_

**Parent/Guardian #3:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City Postal Code

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

**E-mail:** \_\_\_\_\_

**Child(ren) Living with:** Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father: \_\_\_\_\_ Other: \_\_\_\_\_

**\*Please make note of the FULL Registration Fees (2022) before completing column H**

1W-\$1575 1Wb-\$1,500 SS1-\$2875 SS1b-\$2595 S1-\$5745 S2-\$3975 ST-\$7225 SF-\$7950

**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	1W 1Wb SS1 SS1b S1 S2 ST SF CIT	\$
2					Y/N	1W 1Wb SS1 SS1b S1 S2 ST SF CIT	\$
3					Y/N	1W 1Wb SS1 SS1b S1 S2 ST SF CIT	\$
4					Y/N	1W 1Wb SS1 SS1b S1 S2 ST SF CIT	\$

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

<b>1W-First Half</b>	Session Date: Jul 1 – Jul 8 ( <i>available ONLY to campers having completed grades 1-4</i> )
<b>1Wb-Second Half</b>	Session Date: Jul 29 – Aug 5 ( <i>available ONLY to campers having completed grades 1-4</i> )
<b>SS1-First Half</b>	Session Date: Jul 1 - Jul 15 ( <i>available ONLY to campers having completed grades 3-4</i> )
<b>SS1b-Second Half</b>	Session Date: Jul 29 – Aug 12 ( <i>available ONLY to campers having completed grades 3-6</i> )
<b>S1-First Half</b>	Session Date: July 1 – July 29
<b>S2-Second Half</b>	Session Date: July 29 – Aug 19
<b>ST-Transition</b>	Session Date: July 1 - Aug 12 ( <i>available to all campers – except for CITs</i> )
<b>SF-Full Summer</b>	Session Date: Jul 1 - Aug 19
<b>CIT-Counsellor/Train</b>	Session Date: Jul 1 - Aug 19 ( <i>must attend for SF</i> )

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

**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	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/Guardian #1	Parent/Guardian #2	Parent/Guardian #3	Current Spouse/Partner of Custodial Parent (if applicable)
Occupation				
Name of Employer				
Address of Employer				
Total Annual Income from Most Recent Tax Return (2020)	\$	\$	\$	\$
Gross Income 2021 (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) (e.g. Parent/Guardian/Grandparent) 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/guardian #1, parent/guardian #2, parent/guardian's current spouse or common-law partner)

	Manufacturer	Model	Year	Own, Lease, Company Car
<b>Car #1</b>				
<b>Car #2</b>				

### **B. YOUR HOME**

	<b>YES/NO</b>
Do you own your home?	
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.

<b>EXPENSE</b>	<b>ANNUAL AMOUNT 2020</b>	<b>ANNUAL AMOUNT 2021 (estimate)</b>
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 2021 Year/2021 CRA filings).

**5. A SEPARATE LETTER (each year) outlining the circumstances for making this application is REQUIRED.**

Completed Application Forms along with supporting documents (SEE BELOW) should 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 1<sup>st</sup>, 2022**. 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/Guardian #1

\_\_\_\_\_  
Parent/Guardian#2

\_\_\_\_\_  
Parent/Guardian #3