

2024 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/ 2nd spouse or Guardian(s))
- ☐ Most recent Canadian Revenue Agency (CRA) Notice of Assessment 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 2024

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 herewith our most recent Income Tax Return(s) (T1 General) AND Notice of Assessment(s) from the Canada Revenue Agency.

The Deadline for submission is February 1, 2024.

Q1. GENERAL INFORMATION (Please print)

Total Number of Campers: _____

Total Family Members (Parents & Children): _____

Parent/Guardian #1:

Last Name: _____ First Name: _____

Address: _____ City _____ Postal Code _____

Telephone: _____

E-mail: _____

Parent/Guardian #2:

Last Name: _____ First Name: _____

Address: _____ City _____ Postal Code _____

Telephone: _____

E-mail: _____

Parent/Guardian #3:

Last Name: _____ First Name: _____

Address: _____ City _____ Postal Code _____

Telephone: _____

E-mail: _____

Child(ren) Living with: Both Parents 1. _____ 2. _____

Mother_Father:_Other: _____

***Please make note of the FULL Registration Fees (2024) before completing column H**

1W1-\$1,800 / 1W2 -\$1,700 / SS1-\$3,450 / SS2-\$3,250 / S1-\$6,700 / S2-\$4,300
S6-\$8,700 SF-\$9,300 / CIT-\$9,300

Application for Financial Assistance is being made for:

A	B	C	D	E	F	G**	H***
						Session Preference**(only ONE/camper)	
1					Y/N	1W1 1W2 SS1 SS2 S1 S2 S6 SF CIT	\$
2					Y/N	1W1 1W2 SS1 SS2 S1 S2 S6 SF CIT	\$
3					Y/N	1W1 1W2 SS1 SS2 S1 S2 S6 SF CIT	\$
4					Y/N	1W1 1W2 SS1 SS2 S1 S2 S6 SF CIT	\$

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

1W1 - First Half Session Date: June 30 - July 7 (available ONLY to campers having completed grades 1-4)

1W2 - Second Half Session Date: July 28 -August 4 (available ONLY to campers having completed grades 1-4)

SS1 - First Half 2 week Session Date: June 30-July 14 (available ONLY to campers having completed grades 3-4)

SS2 - Second Half 2 week Session Date: July 28 - August 11 (available ONLY to campers having completed grades 3-6)

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

S2 - Second Half Session Date: July 28 - August 16

S6 - 6 Week Session Date: June 30 -August 11 (available to all campers – except for CITs)

SF - Full Summer Session Date: June 30 - August 16

CIT-Counsellor/Train Session Date: June 30 - August 16 (must attend for SF)

*****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	OtherCamp'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

Q2. 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 (2022)	\$	\$	\$	\$
Gross Income 2023 (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.

Q3. 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
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	\$

Q4. ANNUAL EXPENSES

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

EXPENSE	ANNUAL AMOUNT 2022	ANNUAL AMOUNT 2023 (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 2023 Year/2022 CRA filings).

Q5. 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 via email to fa@cbbottawa.com.

Alternatively, completed Application Forms along with supporting documents can 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 **February 1st, 2024**. 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 SIGNATURE

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