



Guelph Youth Music Centre

APPLICATION FOR OUTREACH PROGRAM SUBSIDY

The **Guelph Youth Music Centre** is a unique facility that educates, enriches and fosters the development of our youth through music and the arts.

The GYMC makes every effort to ensure that all children are able to participate in its Outreach Programs. The Programming Subsidy strives to be as non-intrusive as possible and therefore more accessible to those who need financial assistance. The Programming Subsidy reflects the GYMC's commitment to supporting the community by basing financial assistance on trustworthiness and honesty.

The Programming Subsidy:

1. Is based on a set amount of money available each year as determined by the Board of Directors. The funds for this program come directly from fundraising activities.
2. If the number of applications exceeds the amount of subsidy available, the GYMC will determine the subsidy distribution in a fair and equitable manner.
3. Adopts a "self-declaration" model based on need. The model requires minimal financial information.
4. Is based on the principles of trustworthiness and honesty so as to support and maintain dignity in the process of receiving a subsidy.
5. Acknowledges the importance of confidentiality as all documentation is kept strictly confidential.

Program Name: _____ Date(s): _____

Full Program: Session 1: Session 2: Session 3:

Last Name: _____ First Name: _____ M: ___ or F: _____

Address: _____ City: _____ Prov: _____ Postal Code: _____

Age: ___ Birthday (D-M-Y): ___-___-___ School: _____ Grade (in or entering): _____

Mother's Name: _____ Telephone: _____ Email: _____

Father's Name: _____ Telephone: _____ Email: _____

STATEMENT OF EARNINGS: _____ SUBSIDY AMOUNT: _____
(Annual Gross Family Income)

(I understand that if offered a subsidy I may be obliged to provide verification of my income and assets according to the requirements of the Canada Revenue Agency.)

(I have read and understood this subsidy application and agree to abide by its terms.)

Parent's Signature: _____ Date: _____

For office Use:
Date Approved: _____ Amount Approved: _____ Approved By: _____ -