



Strong Communities Opportunity Fund

Full Name: _____

Date of Birth: _____

Address: _____

City: _____ Postal Code: _____

Telephone: (H) _____ (C): _____

Email: _____

Family Members: _____

Birth Dates : _____

Program: _____ Program Fee: _____

What amount are you able to contribute to the program fee? \$ _____

Proof of Income/Expenses: Last year's T4 or 3 most recent pay stubs from both parents.

I would like to apply for the YMCA Opportunity Fund because I am unable (not unwilling) to pay the full fee under any act of the standard payment options. If my financial circumstances change, I will notify the YMCA to discuss my financial situation. If I fail to make the payments, my privileges may be suspended.

Signature: _____ Date: _____

To be completed by YMCA Staff

Full Fee: \$ _____ Fee Arrangement: \$ _____
Method of payment: Paid Full EFT Number of Months: _____
Staff: _____ Supervisor Initials: _____
Manager/VP/CEO Initials: _____ Comments: _____



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