



## 2011-2012 Kindergym and Recreation Program Bursary

*The OGC Bursary program originated as a school project undertaken by Bella St. George – an athlete in the Women’s Artistic Competitive Program and a Coach in our Kindergym Program. Bella is passionate about Gymnastics and has experienced first hand the benefits of participation in gymnastics at all levels. Her desire is to have as many children as possible experience this amazing sport. With the support of the gym and her teammates she undertook several fundraising endeavors and raised the funds necessary to establish this program.*

### **The Program**

This bursary is based on financial need and is meant to assist families with the registration costs for a sessional program, not to cover the entire amount.

### **Assistance**

The maximum bursary a successful applicant will receive is a 50% reduction in their registration costs for a single session.

### **Eligibility**

To be eligible you must answer yes to the following:

1. Are you an Ottawa Resident?  
You are considered an Ontario resident if you have lived in Ontario for 12 months in a row up to the start of the program.
2. Are you registering for a sessional class at the Ottawa Gymnastics Centre?
3. Can you demonstrate financial need?

### **Conditions**

- If you leave or drop the class you will be required to repay a portion of the bursary.

### **How Do I Apply?**

Complete the attached application form.

Submit your completed application and all supporting documentation to the office a minimum of 2 weeks prior to the start of registration for that session.



## 2011-2012 Sessional Program Bursary Application Form

### Section 1 - Applicant Information

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

Address (# and Street): \_\_\_\_\_ Apt: \_\_\_\_\_

City, Town or Post Office: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Marital Status (\* attach proof)

Single    
  Married/Common Law (\*)    
  Divorced (\*)    
  Separated (\*)  
 Widowed (\*)

Number of children 11 years and younger that you and your spouse support: \_\_\_\_\_

Number of children 12 years and older that you and your spouse support: \_\_\_\_\_

Do you receive subsidized child care?      Yes      No

#### Your current employment status:

Full Time    
  Part Time    
  Self-Employed    
  Unemployed

If Unemployed, list sources of government income/support (eg. Employment Insurance, Disability Support Programs etc.)

#### Spouse's current employment status:

Full Time    
  Part Time    
  Self-Employed    
  Unemployed

If Unemployed, list sources of government income/support (eg. Employment Insurance, Disability Support Programs etc.)

***Provide your employment history by listing your jobs and the periods in which you received government assistance. Start with your most recent and attach a separate sheet if you need more space.***

Name of employer or source of government income.	City, province and country in which you worked.	From		To	
		Month	Year	Month	Year

Your estimated gross income for the current year: \_\_\_\_\_

Your spouse's estimated gross income for the current year: \_\_\_\_\_

**Section 2 - Participant Information**

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

Address (# and Street): \_\_\_\_\_ Apt: \_\_\_\_\_

City, Town or Post Office: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_

**Program Information:**

Class Name : \_\_\_\_\_ Day and Time: \_\_\_\_\_



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**Have your child draw a picture or write a story about the reasons they would like to do gymnastics.**

## Declarations and Signatures of Applicant and Spouse

- I have given complete and true information on this application form.
- I will keep a copy of my application and all required supporting documentation in the event that I am required to produce this information for audit, verification or investigation purposes.
- I understand that information I provide in connection with this application will be verified and audited, and the OGC may also conduct inspections and investigations.
- I understand that any change to the information I provide and any change resulting from verification and audit may affect my eligibility and the amount of my bursary and that I may be required to repay all or part of this award.
- I understand that if I fail to provide complete and true information; fail to promptly notify the OGC in writing of changes to the income reported by me (and my spouse, if applicable) the OGC may restrict me from receiving future OGC assistance and may take legal action and require me to repay any assistance that I received. I further understand that it is an offence to knowingly provide false information for the purpose of obtaining or receiving assistance. If convicted, I may be liable for a fine of up to \$25,000 and one year in prison.

I have read and understood this section and my signature attests to my consent to the indirect collection, use and disclosure of my personal information, to my written instruction to obtain a consumer report, and that my declaration is complete and true.

Signature of Applicant: \_\_\_\_\_

Signature of Spouse: \_\_\_\_\_

Date (D/M/Y): \_\_\_\_\_