Hope on the Prairies - Individual Application Form

Personal Information

Full Name: ....

Date of Birth: ....

Address: ....

Email: ....

Phone: ....

School: ....

Parent/Guardian Information (if applicable)

Name ....

Address: ....

Relationship to child: ....

Phone/email: ....

Household Information:

Number of adults in the home

Number of children in the home

Do you have treaty status?

Do you have coverage under a benefits program?

Annual gross income for all income earners in the household

Please detail your situation, including what you are requiring assistance for, the cost associated, and the length of time required:

Declaration:

By submitting this application, I confirm that the information provided is accurate. Please note, funding is not guaranteed and may only cover a portion of the cost requested.

Approval:

Date of application:

....

Signature