

**Jimmy Kilabuk Children`s Recreation Fund
City of Iqaluit, Department of Recreation
Application Form**

Type of Application			
<input type="checkbox"/> New <input type="checkbox"/> Renewal (previous program participant)			
Step 1- Eligibility Children under the age of 18 and their families. Recipients must be Iqaluit residents, with a maximum of two adults caring for dependent children, on income assistance. Families must reside in the same household.			
Step 2- Housing Information (please print clearly)			
House Number:		Box Number:	
Home Phone:		Cell Phone:	
Email:			
Step 3- Household Occupants Please name all people living in the house – use a second form if necessary. Dependent children are children ages 18 and under.			
Last Name	First Name	Gender	Date of Birth (dd/mm/yy)
Main Contact:			
Spouse/Partner:			
Dependent Children:			
Step 4- Request for Support Families are eligible for an annual Pool pass (re-enrollment must occur six months from date of initial sign up). Dependent children between the ages of 14 and 18 are eligible for additional access to the Fitness Centre. All children (ages 18 and under) in the family are eligible for registration in Aquatics Programs up to \$150 per year.			
<input type="checkbox"/> Family annual Pool Pass <input type="checkbox"/> Family annual Pool Pass with Fitness Centre (ages 14-18) <i>List names and ages of teens:</i> • • • •		<input type="checkbox"/> Registered Aquatics Programs up to \$150 <i>List names and ages of eligible children:</i> • • • • •	

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Office Use Only

FAP # _____ Review Date: _____ Expiry Date: _____
Date Received: _____ Date Approved: _____ Date Notified: _____

Application Checklist

- Application forms completed
- Confirmation letter from Income Assistance

Signature of Applicant

I certify that the information provided in this application is truthful, complete and to the best of my knowledge. I understand that providing false information to obtain benefits may result in disqualification from the Jimmy Kilabuk Children`s Recreation Fund.

The collection, use and disclosure of information submitted on this form is to and will remain confidential and the city will make every reasonable effort to protect your information.

Your information will only be used to determine eligibility for the Fee Assistance Program and will not be shared without your permission.

Primary Applicant Signature: _____ Date: _____

****Application does not guarantee enrollment. You will be contacted by Department of Recreation staff to complete enrollment should your application be successful. All inquiries about the status of your enrollment should be directed to Guest Services at 975-8544.***