

# OAKVILLE SOCCER CLUB

## FEE ASSISTANCE PROGRAM



The Oakville Soccer Club's Fee Assistance Program is in place to ensure that all youth in the Town of Oakville have the opportunity to participate in OSC's soccer programs. OSC will provide fee assistance to qualified applicants for most Club programs.

Fee Assistance is provided to eligible applicants and is restricted to \$400 annually (OSC Fiscal Year – October 1 – September 30) per player for all programs. Only one application needs to be submitted annually.

### Who Can Apply?

Any applicants who reside in the Town of Oakville and feels their financial situation is prohibitive of registering a youth family member in an OSC program can apply for Fee Assistance.

### Eligibility & Required Documentation

Eligibility for OSC's Fee Assistance Program is assessed based on the total income and benefit sources of all adults (18 years of age or older) that reside in the same household. Fee Assistance can be applied to any youth (U18 & under) registration.

#### Required Documents:

1. Proof of residency must be provided (recent utility bill, lease agreement, etc.)
2. Recent, original, documentation that validates total family net income including, but not limited to:
  - Notice of Assessment form (T451) – **required** for all family members over 18 years of age
  - Canada Child Benefit Notice – **required** as the fee assistance program is for dependents under the age of 18
  - Goods and Services Tax/Harmonized Sales Tax Credit Notice
  - Ontario Child Care Supplement for Working Families Notice
  - Ontario Works (OW) Statement of Assistance
  - Ontario Disability Support Program (ODSP) Statement of Assistance
  - Community Organization Referral (from approved partners)

*\*Any family members receiving income including, but not limited to, social security, disability or death benefits, public assistance or unemployment - please include a statement or letter from the provider that states the duration, frequency and amount of said payment.*
3. Alimony or child support income must be included with the documentation, indicating the amount and period of time over which it will be received.
4. Refugees are eligible to apply for Fee Assistance within the first year of receiving the following documents; income verification is not required:
  - Confirmation of Permanent Residency (received at airport for each individual), OR if available, the Government of Canada Permanent Resident Card; OR
  - Refugee Protection Claimant Document; AND
  - Proof of residency in Oakville (recent utility bill, lease agreement, driver's license, etc.).

All information included in any and all applications collected in accordance with OSC's Privacy Policy and is kept in the strictest confidence by the Oakville Soccer Club.

Please return the completed application form and copies of the required documentation as attachments in the same email to [finance@oakvillesoccer.ca](mailto:finance@oakvillesoccer.ca). Incomplete submissions will not be evaluated. Any submissions found to be fraudulent will disqualify applicants from consideration for future fee assistance.

If you have any questions, please contact [info@oakvillesoccer.ca](mailto:info@oakvillesoccer.ca).

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1520 Pine Glen Road, Oakville, Ontario L6M 4P4 [www.oakvillesoccer.ca](http://www.oakvillesoccer.ca) •

[info@oakvillesoccer.ca](mailto:info@oakvillesoccer.ca) **PRIVATE & CONFIDENTIAL**

| Section A – Parent/Guardian (Applicant) Information                                |               |                               |                               |        |
|------------------------------------------------------------------------------------|---------------|-------------------------------|-------------------------------|--------|
| First & Last Name                                                                  |               |                               |                               |        |
| Address & Postal Code                                                              |               |                               |                               |        |
| Email                                                                              |               |                               |                               |        |
| Phone                                                                              |               |                               |                               |        |
|                                                                                    |               |                               |                               |        |
| Section B – Participant (Player) Information                                       |               |                               |                               |        |
| First & Last Name                                                                  | Date of Birth | Gender                        | Program                       | Season |
|                                                                                    |               |                               |                               |        |
|                                                                                    |               |                               |                               |        |
|                                                                                    |               |                               |                               |        |
|                                                                                    |               |                               |                               |        |
|                                                                                    |               |                               |                               |        |
| Section C – Family Member and Annual Household Income Information                  |               |                               |                               |        |
| <i>Please list all adults and eligible family members living in the household.</i> |               |                               |                               |        |
| First & Last Name                                                                  | Date of Birth | Gender                        | Annual Income if over Age 18) |        |
|                                                                                    |               |                               |                               |        |
|                                                                                    |               |                               |                               |        |
|                                                                                    |               |                               |                               |        |
|                                                                                    |               |                               |                               |        |
|                                                                                    |               |                               |                               |        |
|                                                                                    |               |                               |                               |        |
| <b>Number of Persons in Family</b>                                                 |               | <b>Total Household Income</b> |                               |        |

Please attach this form and all required supporting documentation in the one email and send to [finance@oakvillesoccer.ca](mailto:finance@oakvillesoccer.ca). Any incomplete submissions will not be processed. Providing any false information will result in the application being rejected.

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I agree that the above information and all attached information supplied with this application is true and correct. Please note that typing your name on the below line will act as your official signature.

|                            |  |        |  |
|----------------------------|--|--------|--|
| Applicant Signature        |  | Date   |  |
| <b>For Office Use Only</b> |  |        |  |
| Received By                |  | Date   |  |
| Amount                     |  | Signed |  |

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