

# Application



The Moncton Youth recreation assistance program (My Rap) provides assistance to children who cannot afford to take part in organized and recreational sports. Physical activity and social interaction are important to the healthy development of our children.

## IT'S EASY!

- 1 Show an interest in a program.
- 2 Apply.
- 3 Wait for approval.
- 4 Once approved, register.

## PRIVACY STATEMENT

As a charitable, community-based association, the Greater Moncton YMCA is committed to protecting your right to privacy. The personal information you share with us is only used to better serve the needs of all YMCA members and participants.

## HOW IT WORKS

- The program is for children and youth between 4 and 18 years of age.
- The program is open to Moncton residents.
- Applications will be approved only as long as criteria are met and funding is still available.
- Funding will be provided directly to the organization (not to the parent/guardian).

### 1. APPLICANT INFORMATION

Name of Child / Youth \_\_\_\_\_ Gender: \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_  
YEAR MONTH DAY

Name of Parent / Guardian \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ Email: \_\_\_\_\_

**Family Type:**  Single-Parent Family  Dual-Parent Family

**Number of children in the family:**

**Annual Household income** (Please check one)

- Less than \$29,999
- \$30,000 - \$39,999
- \$40,000 - \$49,999
- \$50,000 - \$59,999
- Over \$60,000

Will the child be registered in another recreation program during this time?  No  Yes

If yes, please give a brief explanation:

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**2. PROGRAM INFORMATION**

Activity or Sport: \_\_\_\_\_

Organization offering this activity: \_\_\_\_\_

**Program Dates** From:     /     /     To:     /     /     **Cost: \$** \_\_\_\_\_  
YEAR MONTH DAY YEAR MONTH DAY

Equipment? YES  \_\_\_\_\_  
NO

**3. PROOF OF FINANCIAL NEED**

- Canada Child Benefit Notice for previous year**
- or
- Notice of Assessment for previous year**

**4. THIS FORM HAS BEEN COMPLETED BY:**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship to the child/youth: \_\_\_\_\_

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

**5. COMMENTS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

● **Please email electronic form and proof of financial need to [info@ymcamoncton.ca](mailto:info@ymcamoncton.ca)**

● **or mail or drop off completed form and proof of financial need at one of these locations:**

**Greater Moncton YMCA**  
30 War Veterans Avenue  
Moncton, NB  
E1C 0B3

**Moncton North YMCA**  
70 Twin Oaks Drive  
Moncton, NB  
E1G 0A1