

# Everybody Gets to Play

*Everybody Gets to Play* is an initiative that removes potential barriers that may keep some children from participating in Lac La Biche County programs. Every child should have the same opportunity to take part in recreation programs!

## How does *Everybody Gets to Play* help?

By providing grants to children from families facing financial barriers so they can participate in registered recreation programs offered by Lac La Biche County.

## What does an *Everybody Gets to Play* grant cover?

Everybody gets to play covers up to \$250 per child per calendar year (Jan.-Dec.) towards Lac La Biche County Recreation Programs.

## Who is eligible to receive an *Everybody Gets to Play* grant?

Families that are on a low income, unemployed, on AISH, currently receiving income support through provincial government are all considered eligible.

## When is the deadline to apply?

The sooner the better! Submitting an application as soon as you register your child is recommended.

Programs that are complete are not eligible for funding, as *Everybody Gets to Play* cannot reimburse the family for fees already paid.

## How to apply to *Everybody Gets to Play*?

1. Contact Lac La Biche County to get an application form. Application forms are also available online
2. Select a recreation program that your child would like to join and register him/her.
3. Mail the completed application form to Lac La Biche County.



*Everybody Gets to Play* serves children and youth under the age of 18 years living in Lac La Biche County

For more information, contact us:

Everybody Gets to Play  
Box 1679  
Lac La Biche, AB T0A 2C0

780-623-6749

[www.laclabichecounty.com](http://www.laclabichecounty.com)



**Lac La Biche County**  
welcoming by nature.



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## Everybody gets to play Application Form

Lac La Biche County

Phone Number: 780-623-6749

Website: www.laclabichecounty.com

### Child Information

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

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

Gender:  M/  F

Date of Birth (DD/MM/YYYY): \_\_\_\_\_

Age: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### Adult Information (parent/guardian/endorser)

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

Relationship to child: \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_

(cell): \_\_\_\_\_

Email: \_\_\_\_\_

### Program Information:

To be completed by program representative.

Program: \_\_\_\_\_

Program Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Program Start Date: \_\_\_\_\_

Program End Date: \_\_\_\_\_

### Registration Fee:

Subsidy/Discount from Program: \_\_\_\_\_

### Total Amount Requested:

Program Rep. (print name): \_\_\_\_\_

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

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

### Income Information

# of adults in the home: \_\_\_\_\_ # of children in the home: \_\_\_\_\_

Please complete either **A or B** to verify your financial situation.

#### A) Please attach photocopy of one (1) of the following Government of Proof of Income documents:

- Alberta Works Child Health Benefits letter
- AISH
- Income Support
- Subsidized housing
- Canada Child Tax Benefit Notice (first page)
- Three consecutive pay stubs of all working adults in the home
- Notice of Assessment for most recent tax year (for each adult living in the home)

If you do not have a copy of your Notice of Assessment, it can be obtained by calling 1-800-959-8281 and it will be mailed to you.

#### B) Endorser Signature

The endorser acts as an objective third party who is familiar with the family and in a professional position to assess the financial barriers facing the family.

Check on of the following:

- professional from a social agency/ social worker,
- teacher,  principal,  police officer,  lawyer,
- member of clergy

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

Organization: \_\_\_\_\_

Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

I verify that the family of this applicant has financial need and should qualify to receive a grant from Lac La Biche County. I agree to be contacted by Lac la Biche County for follow up if required.

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

### Submit Grant Application

#### By Mail:

Lac La Biche County attn: Lauren Koster  
Box 1679  
Lac La Biche, AB TOA 2CO

For more information or to check on the status of your application call us at 780.623.6749

Privacy Statement: The Lac La Biche County agrees that any information provided by the applicant shall be retained by Lac La Biche County shall not be released to any other party without the express written consent of the applicant (other than the sport organization for which funding has been requested).