

BLACKFALDS FCSS TOWN OF BLACKFALDS 5016 Waghorn Street Box 220 Blackfalds, AB TOM OJO 403.885.6247 office 403.885.0011 fax

BACK TO SCHOOL PROGRAM 2014

About the Back to School Program:

The Back to School Program is committed to ensuring every student in our community has access to the supplies needed to reach their full academic potential. This is done by providing backpacks filled with school supplies for Blackfalds students in Kindergarten through Grade 12.

Application Process:

Applications will ONLY be accepted from June 1, 2014 to August 15, 2014. Back pack pick up will be at the Blackfalds FCSS office the week of August 25-29.

Please ensure application is complete as incomplete applications will be returned. If you have any questions or need assistance completing the form please call the FCSS Manager at (403) 885-6247.

Additional Information:
□ Applicants are encouraged to pay an affordable portion of the fee.
□ Proof of AHC, proof of school registration and current identification.
□ To qualify you must be a resident of Blackfalds.
BEFORE SENDING YOU APPLICATION, REMEMBER TO:
□ Fill in all sections of the application form □ Sign the first page of the application form □ Include your proof of financial eligibility (please read carefully to make sure you send us exactly what we need to process your application) □ Include proof of residency
We can only process application forms that are complete with all the supporting documents included. If you have questions or need assistance filling out this form, please call the FCSS Manager (403) 885-6247.

Where to submit:

Please complete this form and copies of supporting documents and return to:

Blackfalds FCSS 5016 Waghorn Street Box 220 Blackfalds, AB T0M 0J0

Fax: (403) 885-0011

Email: fcss@blackfalds.com



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Back to School Program Application

First Name			Last Name			
Address					ity Blackfalds	Postal Code TOM 0J0
Phone	Email Addre	ess				
Date of Birth YYYY / MM / DD	Gender		Marital Status ☐ Single ☐ Separated/ I	Divorced	□ Married □ Widowed	□ Common Law
B. ADDITIONAL INFORMATIO	N					
STUDENT NAME	GENDER		E OF BIRTH YY/MM/DD)	GRADE	E NA	ME OF SCHOOL
BY BLOOD, MARRIAGE, CO Why are we asking this? Family be approved for the Back to So dwelling and related by blood, if from you to be able to do the co	OMMON-LAW y household annua chool Program. Sta marriage, common	RELATION ALL INCOME NO LISTICS Canal ALL INCOME NO LISTICS CANAL INCOME NO LIS	ONSHIP OR eeds to be below ada uses "the ed	ADOPTI v the Statis onomic far	ON tics Canada Low I nily that is, all pers	ncome Cut-offs (LICOs)
NUMBER OF ADULTS (18 & over, related by blood, marriage, common-law relationship)	(1	NUMBER OF CHILDREN (under 18 related by blood or adoption)			TOTAL NUMBER IN HOUSEHOLD	
	+				=	
D. PROOF OF RESIDENCY: All recipients of the Back to Sci You may need to submit an ad-				ds at the ti	me of application.	
E. SIGNATURE The above information I have papplications will be returned un		te and true	and I am a resid	ent of Blac	kfalds. I understan	d that unsigned

The personal information collected by this form is obtained under the authority of the *Municipal Government Act* and *The Freedom of Information and Protection of Privacy Act*, Section 33(c). The information will be used for the purpose of operating the Back to School Program. If you have any questions regarding the collection and use of this information, please contact the FCSS Manager at (403) 885-6247.



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Back to School Program Eligibility

To be eligible for the Back to School Program your family household (include all persons living in the same dwelling and related by blood, marriage, common-law relationship or adoption) annual income needs to be below the Statistics Canada Low Income Cut-offs (LICOs).

Size of Family unit	Annual Income	Monthly
1 person	\$23,647	\$1,971
2 person	\$29,440	\$2,453
3 person	\$36,193	\$3,016
4 person	\$43,942	\$3,662
5 person	\$49,839	\$4,153
6 person	\$56,209	\$4,684
7 person	\$62,581	\$5,215