

APPLICATION FOR FINANCIAL ASSISTANCE

Dance classes for people with an autism spectrum disorder
Winter 2020

The National Centre for Dance Therapy of Les Grands Ballets Canadiens offers financial assistance to those wishing to join the classes for children on the autism spectrum. To apply, please fill in this form and, if your application is successful, you will be offered free access to one of the following classes:

- [Creative Dance – Autism \(4-8\)](#)
- [Ballet – Autism \(9-17\)](#)

The selection process will be carried out by the team of the Centre, with the assistance of the director of administration, finance and building. The decision will be final for the session underway. However, we invite refused applicants to reapply for the following session.

To submit your application, please fill in and sign this form, with the documents required at section B, and send it to dansetherapie@grandsballets.com. We will confirm the reception of the email.

Uncomplete applications won't be considered.

A. Personal information

Participant

Name: _____

Surname: _____

Date of birth: _____

Legal Guardian

Name: _____

Surname: _____

Date of birth: _____

Email: _____

Mobile number: _____

Address: _____

City: _____

Province: _____

Postal code: _____

Which class are you applying for?

- Creative Dance – Autism (4-8)
- Ballet - Autism (9-17)

Family Status:

- Single parent
- With partner and child(ren)

Number of family members: _____

B. Additional documents

All person applying for the financial assistance must submit their most recent **tax assessment** (T-451 or TPF-98), for each adult family member.

We also require the documents below. Please, check the boxes corresponding to the documents you are submitting.

Proof of gross annual income or available funds (please select just one of the following):

- Claim booklet if you are receiving social assistance
- Confirmation of employment insurance indicating the number of weeks and the amount of the benefits
- Student loan statement

Proof of identity (please select just one of the following):

- Accès-Montréal card
- Québec health insurance card
- Passport
- Driver's license
- Permanent resident card
- Refugee status certificate

Proof of residency (please select just one of the following):

- Electrical or gas bill
- Condo fee bill
- Municipal taxes bill
- Other - specify : _____

C. Signature

I declare that all the information is accurate.

Applicant's or guardian's signature

Date