



# 2016 LSCO Subsidy Form

This form is an application for subsidy for Membership and classes offered at LSCO.

## APPLICANT

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

TELEPHONE (H) \_\_\_\_\_ CELL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ LSCO MEMBER  YES  NO

## EMERGENCY CONTACT

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

SUBSIDY is available for individuals with an income of \$25,000 or less.  
Couple is less than \$40,000.

Line 150 of Tax Return shown and approved.

Yes

Staff Signature \_\_\_\_\_

MEMBERSHIP FEE PAID & AMOUNT \_\_\_\_\_

COURSE FEE PAID & AMOUNT \_\_\_\_\_

COMMENTS \_\_\_\_\_

\_\_\_\_\_

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