



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 _____
