

What is P.O.P.

The Town of Gananoque and their Partners are dedicated to ensuring that recreational opportunities exist in our community for children and youth who would not ordinarily be able to afford the cost of participation.

It is for this reason that the P.O.P. program was created. Through this service families will be able to register their child (or children) in programs at reduced rates. When the reduced rate is still outside the family's financial range the P.O.P. will help make up the cost difference.

Who is Eligible?

Gananoque children and youth up 18 years of age who come from low income families are eligible for the P.O.P. program.

TO APPLY FOR ASSISTANCE

Simply complete the application on the back of this brochure and drop it off, mail it or fax it to the attention of :

Sue Smith, Recreation Facilitator
600 King Street E.,
Gananoque, Ontario, K7G 1H3
Phone 613-382-2248
Fax 613-382-8562

FINANCIAL SUPPORT



TOWN OF GANANOQUE



TOWNSHIP OF LEEDS &
1000 ISLANDS



EASTERN ONTARIO POWER



CANADIAN TIRE

JUMP START PROGRAM

CHILD & YOUTH WELLNESS CENTRE OF
LEEDS & GRENVILLE

FOUNDATION FOR THE FUTURE

We extend thanks as well to those who have donated privately and to all Recreation Providers for their commitment to providing Recreational opportunities within the community.

Town of Gananoque

Town of Gananoque
Public Works
Culture & Recreation Division
600 King Street E.
Phone: 613-382-2248
Fax: 613-382-8562
Email: ssmith@townofgananoque.ca



P.O.P.

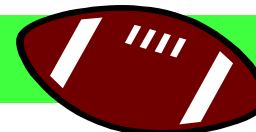
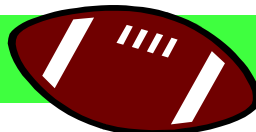
Positive Opportunity Partnerships for Kids

SUPPORTING OUR YOUTH IN
ARTS CULTURE AND RECREATION



P.O.P. Vision Statement

That all children and youth in Gananoque have the opportunity to participate in sport, culture, arts and recreation activities for the purpose of enhancing self-esteem and promoting healthy lifestyles through skill development, increased knowledge and personal growth.



P.O.P. Application

Child's Name : _____

Age : _____ Birth Date : _____

() male () female

Parent/Guardian : _____

Address : _____

Postal Code : _____

Phone _____ email _____

COMBINED FAMILY NET INCOME LEVEL

(please indicate in which category your total family incomes after taxes falls)

\$10,000-\$15,000 ()

\$15,000-\$20,000 ()

\$20,000-\$25,000 ()

No. of Dependant Children _____

Will you be receiving any other funding for this

REFERENCE

Please provide a reference that is familiar with your situation and who could verify that you require assistance from the P.O.P. program. NOT A FAMILY MEMBER.

Reference : _____

Relationship: _____

Preferred Program / Activity

The P.O.P. program applies to all forms of Culture and Recreational Programming. Below please indicate the program you are interested in signing your child up for and the organization responsible for it.

Your maximum allowable subsidy will be based on your reported Family Income. The P.O.P. program is a partnership program and participation is required.

Families with extenuating circumstances may request a private consultation to discuss additional subsidy. Further information to substantiate need may be required.

I WOULD LIKE TO REGISTER MY CHILD IN
THE FOLLOWING PROGRAM

ORGANIZATION : _____

PROGRAM COST : _____

AUTHORIZATION (Parent or Guardian)

I, _____

Authorize the reference provided to release personal information as required for program placement in the Town of Gananoque P.O.P. program.

I further authorize P.O.P. to collect this information.

Signature : _____

WHAT TYPES OF RECREATION

DOES THE P.O.P. PROGRAM SUBSIDIZE

The P.O.P. program is pleased to provide sponsorship for all types of organized Arts, Culture or Recreational Activities.

To date the program has supported registration in Hockey, Figure Skating, Bowling, Soccer, Archery, Dance, Summer Camp to name but a few.

Each application received is given careful consideration and all applications are kept strictly confidential.

FOR OFFICE USE ONLY

_____ Application Number

Reference Completed ()

Parent Interview ()

Total Program Cost _____

Reduced Rate if Applicable _____

Participant Contribution _____

Subsidy % _____

P.O.P. Subsidy _____

Program Secured ()

Cheque # _____