

1. Open & save document to your computer.
2. Complete all fillable sections of Application.
3. Attach completed Application to email & send.

GREENVIEW REGIONAL MULTIPLEX

Recreation Fee Assistance Program Application

Greenview Regional Multiplex Mandate

- To provide a fun, safe, and vibrant environment for guests to participate in recreational activities, explore new interests, achieve personal goals, meet social wellness needs, develop healthy lifestyles, and celebrate achievements. The Greenview Regional Multiplex will be the heart of the community and surrounding area to promote healthy, active living and overall wellness.

Greenview Regional Multiplex Mission Statement

- To provide quality services and programs to our guests and our community by setting high standards, working towards clear goals, and following best practices.
- To provide accommodation for local community groups and public-sector organizations to enhance local services for residents. Particularly for disadvantaged people or who face difficulties accessing provisions appropriate to their needs and circumstances.
- To chart a course for a lifetime appreciation and involvement in recreation and wellness activities for the residents of Greenview and area, driving physical, social, intellectual, and cultural development for those we serve.

Greenview Regional Multiplex Recreation Fee Assistance Program Guidelines

- The Recreation Fee Assistance Program was created to ensure all residents have access to leisure recreation and fitness opportunities. We value providing socially inclusive programs to each individual and family in the Municipal District of Greenview. Providing this program to eligible participants removes financial barriers while enhancing community and family connections.
- The individual(s) is located within the regional area serviced by the Greenview Regional Multiplex are deemed eligible if they fit the listed criteria as stated on the application form.
- Children and youth are encouraged to apply for funding through Kids Sport or Canadian Tire Jumpstart. If denied through either of these grants, applicants must bring proof that they have been denied.
- Upon approval: A 75% discount will be given to the applicant for a 3-month membership. **The applicant MUST use the facility at least 12 times in the 3 months in order to reapply for future funding.**
- For reapplication: The Recreation Facility Manager will be required to review the facility usage and revisit the evaluation process.



Application Information: (Primary Applicant)

Name:									
Address:									
Town:				Postal Code:					
Home Phone:				Work Phone:					
Email:									
Gender:									
Emergency Contact Name:				Emergency Contact Phone:					
Marital Status:		Single:		Common Law:		Married:		Separated/Divorced:	

Please list yourself (primary applicant) and any others who will be part of this application:

Name	Birthdate (dd/mm/yy)	Gender	Relationship to primary applicant

Verification Documents Required – Provide only 1 document from each category below.

Proof of Age for each applicant	Proof of Guardianship/Trusteeship	Agency Referrals (if applicable)
Birth Certificate	Guardianship/Trusteeship	Alberta Health Care Card
Drivers License	Passport	Referral Form
Alberta Government ID Card		

Proof of Household Income (Provide 1 of the following):	Proof of Address (Provide 1 of the following):
<ul style="list-style-type: none"> Current Alberta Income Support – Direct Deposit Statement 2022 Notice of Assessment 3 most recent Paystubs 	<ul style="list-style-type: none"> Current Utility Bill Government Issued Letter Driver’s License Alberta Government Identification Card
<p>*Household income includes yourself, your partner/spouse, and dependant children 18yrs+</p>	

Applicants are eligible if household income is equal to or less than the amounts listed below:

1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons
\$28,870.00	\$35,940.00	\$44,184.00	\$53,647.00	\$60,845.00	\$68,624.00	\$76,402.00



Verification Acknowledgement

I, _____ verify that the information I have provided in this application is true and accurate to the best of my knowledge. I acknowledge that knowingly making a false or fraudulent application shall be considered enough cause for refusal of my application for the Recreation Fee Assistance Program.

Applicant Signature

Date

Notice of Collection: The personal information collected on this form is being collected under the authority of Sections 33 and 39(1)(a)(b) of the Alberta Freedom of Information and Protection of Privacy Act and Section 301.1 of the Municipal Government Act. The information will be used to determine client eligibility under the Recreational Fee Assistance Program. If you have any questions about the collection, use or disclosure of the personal information provided, please contact the Greenview Regional Multiplex Facility Manager at 780.524.2256.

Please submit your application and supporting documentation by mail, email, or in person.

Mail to: Greenview Regional Multiplex Att: Gayla Arams Box 1079 Valleyview AB T0H 3N0 Email: Gayla.Arams@mdgreenview.ab.ca	Deliver to: Greenview Regional Multiplex Att: Gayla Arams 4803 56 th Avenue Valleyview AB T0H 3N0
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OFFICE USE ONLY

Membership:	Adult:		Family:		Youth:		Senior:		Child:	
Total Income:		\$								
Approved:			Denied:							
Grant Amount:		\$								
Approved by:					Date:					

