

Les & Kae Martin Adult Respite Bursary Program Application Form

Applicant Name: _____ Phone #: _____

Address: _____ City: _____

Postal Code: _____ Email: _____

Please choose one of the following programs or rank your preference for:

- Summer Weekend Respite: Saturday July 10 - August 21 (*no program July 31st*) from 9:30am - 2:30pm
- Summer Weekend Respite: Sundays July 11 - August 22 (*no program August 1st*) from 9:30am - 2:30pm
- Fall Weekend Respite: September 25/26 - December 4/5 from 9:30am - 2:30pm
- Fall Evening Respite: September 29/30 - December 1/2 from 4:00pm - 8:00pm
- Fall Day Respite: October 12 - November 19 from 9:30am - 2:30pm

Income Eligibility

\$25,000.00 – \$60,000.00 before tax

Please submit one supporting document for proof of income with your application. Options include:

1. Canada Revenue (CRA)
2. ODSP
3. Employment Insurance/or Record of Employment
4. Pay stub showing income for the last 30 days.
5. A signed letter from a representative of a social agency or religious institution that lists all family members, verifies your address and total family income.

I _____ declare that the information I have provided in this application is true and accurate to the best of my knowledge.

Signature of Applicant

Date



This program is generously funded by the Les and Kae Martin Charitable Foundation.

For more information about the Les & Kae Martin Bursary Program or Application process, please email bursary@autism.net.