



North Toronto Soccer

2025 FEE ASSISTANCE APPLICATION (confidential)

To be used in conjunction with the North Toronto Soccer **Fee Assistance Policy**

All 3 sections **must** be completed in full; please print clearly

Section A: Applicant (Parent, Guardian or Self) Information

Section B: Participant(s) Information

Section C: Annual Income Information

SECTION A APPLICANT INFORMATION Relationship to player(s) _____

Last Name _____ First Name _____

Address _____ City _____ Postal Code _____

Email _____ Telephone: home (____) _____ cell (____) _____

Name of 2nd Parent/Guardian Last Name _____ First Name _____

Address: same as above, or _____

SECTION B PLAYER INFORMATION

Date of Birth:

Last Name: _____ First Name: _____ day / month / year _____ Program / Team: _____

1. _____ / _____ / _____ _____

2. _____ / _____ / _____ _____

3. _____ / _____ / _____ _____

Academy and summer camp programs are excluded from financial assistance.

SECTION C ANNUAL INCOME

The following **must be submitted with this application**: Prior year (2023) CRA "Proof of Income Statement" OR "Notice of Assessment" for each parent and/or guardian) PLUS recent "Canada Child Tax Benefit Notice." If applicable, CRA "Proof of Income Statement" or "Notice of Assessment" are required for dependent(s) 19 – 22 years.

HOUSEHOLD MAKEUP	COUNT	CRA LINE 15000	CRA LINE 15000	CRA LINE 15000	TOTAL
Parent(s)/Guardian(s)					
Dependents (19 – 22 years)					
Dependents (18 years and under)					Combined CRA

"Household Makeup" for application purpose consists of the number of parent(s)/guardian(s) and dependents (22 and under) living at the same dwelling and are related to each other by blood, adoption, marriage, or common-law.

Other Sources of Annual Income (Not Reported on Line 15000)

Please provide a list of all relevant income sources not included on Line 15000 of your tax return. This includes other forms of non-taxable government assistance, excluding the Canada Child Benefit (CCB) and GST/HST credits, which are not part of this calculation.

Child Support Payments:		Disability Related Payments:	
Other Income (specify): _____		Other Income (specify): _____	

Combined gross annual income:

CRA Total \$ _____ **+ Other Sources Total** _____ = _____

2025 Fee Assistance Rate Schedule

Household Makeup	1	2	3	4	5	6	7	Fee Subsidy	Applicant Pays
Gross Annual Income	\$0 to \$21,594	\$0 to \$26,883	\$0 to \$33,050	\$0 to \$40,127	\$0 to \$43,900	\$0 to \$51,328	\$0 to \$57,146	85%	15%
	\$21,595 to \$26,222	\$26,884 to \$32,644	\$33,051 to \$40,132	\$40,128 to \$48,725	\$43,901 to \$53,307	\$51,329 to \$62,327	\$57,147 to \$69,392	50%	50%
	\$26,223 to \$30,849	\$32,645 to \$38,405	\$40,133 to \$47,214	\$48,726 to \$57,234	\$53,308 to \$62,714	\$62,328 to \$73,326	\$69,393 to \$81,638	25%	75%
	\$30,850+	\$38,406+	\$47,215+	\$57,235+	\$62,715+	\$73,327+	\$81,639+	0%	100%

Zero Income: If your reported combined income is zero, we kindly ask that you share how you are meeting your basic needs to assist us in making a decision. You can provide this information below or email sponsoredplayers@ntsoccer.com. Please note that additional details may be requested by the Club if necessary. Thank you for your understanding and cooperation.

SECTION D OTHER FUNDING

As mentioned in the policy, this program is intended to supplement funding that is available from other children's sports programs. Applicants should also apply to these programs. The total amount of financial assistance from all sources may not exceed the player fee. Please indicate if you have applied.

Jumpstart [link](#) KidSport [link](#) Other please specify): _____

SIGNATURE I confirm that all of the above and attached information is true, complete and accurate.

Applicant Signature _____ Date _____

* North Toronto Soccer reserves the right to approve or decline a subsidy and/or adjust funding available at its sole discretion.

For Office Use Only Date: _____ Approved % _____ Signed: _____