



## PATHWAY TO POTENTIAL

Windsor Essex County's  
Poverty Reduction Strategy



# RMHA PATHWAY TO POTENTIAL APPLICATION FORM

Name of Parent or Guardian: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Birth Date (dd/mm/yy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Gender:  Male  Female      Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Parent or Guardian:

Please describe the applicant's economic barrier to participate in the requested activity or program. (If applicant wishes to submit more detail please attach a letter to this application.)

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I certify my submission of the above child/youth and verify that all the information given is correct and can be substantiated.

Signature of Adult: \_\_\_\_\_

Date: \_\_\_\_\_

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***This application must be submitted along with a copy of your Canada  
Child Tax Benefit Notice issued by Revenue Canada  
Mail to 993 Matthew Brady Bl. Windsor, On N8S3J9***