



FAMILY SUBSIDY FORM

Personal Information

Name of 1st family member _____
 (Applicant) (Last) (First) (Middle)

Name of 2nd family member _____ Relationship to Applicant _____

Name of 3rd family member _____ Relationship to Applicant _____

Name of 4th family member _____ Relationship to Applicant _____

Name of 5th family member _____ Relationship to Applicant _____

Address _____ City _____

Province _____ Postal Code _____ Phone No. () _____ - _____

Email _____
 (Email of 1st family member)

Church Information

Name _____ Pastor _____

Address _____ City _____

Province _____ Postal Code _____ Phone No. () _____ - _____

Does your church have financial assistance for CCCWC delegates? Yes No

If yes, have you applied for the assistance? Yes No

If yes, what is the amount that you have applied? \$ _____

What is the amount that you have been granted? \$ _____

Please state your reason(s) for applying for the family subsidy:

*Family Subsidy is intended to encourage only those full-time applicants who otherwise would not be able to afford to attend the Winter Conference due to financial difficulties.

Reference (Please obtain recommendation from your pastor.)

Name (Please Print) _____ Phone No. () _____ - _____

Email _____

Recommendation _____

Signature _____ Date (mm/dd/yy) _____

Condition

1. This application form must be **submitted to the 51st CCCWC Planning Committee by Nov 13, 2011 (Sunday)**
 2. The Reference section of the application form must be fully completed by your pastor
- If either of the above conditions is not fulfilled, your application **WILL NOT** be processed.

Signature of applicant (1st member): _____ Date (mm/dd/yy): _____

* Delegates must pay in FULL prior to attending conference.
 **You will be notified at the conference as to whether your application has been approved.
 Please also have photo I.D. for verification when you pick up your individual subsidy.
 ***Disclaimer – 51st CCCWC Planning committee reserves the right to review and disqualify applicants based on predetermined criteria.

*For office use only

Reg No. _____ Approval: Yes: \$ _____ No



家庭津貼申請表

家庭及個人資料

申請者姓名: (英文) _____ (中文) _____

家庭成員:

姓名: (英文) _____ (中文) _____ 與申請者之關係: _____

姓名: (英文) _____ (中文) _____ 與申請者之關係: _____

姓名: (英文) _____ (中文) _____ 與申請者之關係: _____

姓名: (英文) _____ (中文) _____ 與申請者之關係: _____

地址: _____ 城市: _____ 省份: _____ 郵區號碼: _____

電話: () _____ - _____ 電郵地址: _____

教會資料

教會名稱: _____ 主任牧師姓名: _____

地址: _____ 城市: _____ 省份: _____ 郵區號碼: _____

電話: () _____ - _____

你所屬教會是否有為冬令會參加者預備經濟津貼?

是 否

若有的話, 你是否已申請了這津貼?

是 否

若有的話, 你申請的金額是多少?

\$ _____

你獲津貼的金額是多少?

\$ _____

經濟津貼是為有經濟困難的全時間參加者而設的, 請在以下空位填上申請津貼的原因。

參考 (以下資料請由你所屬教會的主任牧師填寫)

姓名: _____ 電話號碼: () _____ - _____ 電郵地址: _____

推薦原因: _____

推薦人簽名: _____ 日期: _____

申請條件:

1. 這申請表需要在十一月十三日 (星期日) 前交給第五十一屆加拿大華人基督徒冬令會籌委會。

2. 參考一欄必須由你所屬教會的主任牧師填寫。

*若未能符合以上條件, 申請不會被接納

申請人簽名: _____ 日期: _____

備註:

1. 參加者必須於與會前先交妥全數報名金。

2. 大會將於會議期間通知申請人津貼獲發與否, 請帶備附有相片的身份證明文件以便核對。

3. 第五十一屆加拿大華人基督徒冬令會籌備委員會保留一切審核及取消申請人資格的權利。

*For office use only

Reg No. _____ Approval: Yes: \$ _____ No