

To: Tom Tang  
IL Program Administrator  
Richmond Centre for Disability  
100-5671 No. 3 Road  
Richmond, BC V6X 2C7

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

Fm: \_\_\_\_\_

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

\_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Re: Application of Fee Subsidy for After School Connection**

For my child \_\_\_\_\_, I would like to apply for the subsidy amount of  
\$ \_\_\_\_\_ for the After School Connection due to financial constraint for  
\_\_\_\_\_ Term.

Thank you for your attention.

Signature: \_\_\_\_\_

☒ Document enclosed: Current Income Tax Assessment Notice  
(Income is less than \$28,000 per person or \$32,000 per couple)

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For Office Use:

Subsidy:                      Approved ☐                      Rejected ☐

Amount approved: \_\_\_\_\_

Approved by: \_\_\_\_\_

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