



Cameroon-Canadian Foundation (CCF) Fondation Camerounaise-Canadienne (FCC)

Together! We can make a
difference on people's lives

Charity's Registration # 830620084 RR0001

Address : 101 Everwillow Close, SW, Calgary, AB, T2Y 4G5. Tel. 587-329-7422,
Email: info@ccf-fcc.org

SCHOOL BACKPACK APPLICATION

In order to assess your application for School backpack, the Cameroon-Canadian Foundation needs to collect personal information about you which may be regulated by the Personal Information protection and Electronic Documents Act. By completing this form, you hereby consent to the Cameroon - Canadian Foundation's use of the information obtained on this form to assess your eligibility. If not eligible, the application form and any other notes will be retained for a period of minimum of six months.

To determine your qualification for School Backpack Donation, please provide below information related to your contact, annual income, your child academic performance and your child's age.

Please complete all information on the application. If you have additional information that will help us further evaluate you as a potential applicant, please attach it to the completed application.

Please Print Clearly

Parent or guardian information

Last name _____ Given name(s) _____

Present Address (Number, Street) _____ Apt. No. _____

City, _____ Province, _____ Postal
Code _____

Home Phone Number _____ Business Phone Number _____

Employment _____ Annual income _____

Child information

Last name _____ Given name(s) _____

School _____ Grade _____

Age _____

Please provide the followings:

- 1) A copy of your child's report card
- 2) A copy of your child's birth certificate
- 3) A copy of your CRA Income Tax Assessment

AUTHORIZATION

My signature below certifies that:

All information in this application for School Backpack Application is correct and complete to the best of my knowledge and belief. I understand that false or misleading information in this application could result in refusal of any donation or discharge. I authorize the verification of the above information and any other necessary inquiries that may be needed to determine my suitability for eligibility.

Applicant's Signature

Date (MM/DD/YYYY)