

Applicant Finance Request Form

General Information	
Applicant Name:	Date:
Guardian:	Phone:
Email:	

If accepted into the program please indicate which payment option will be followed.

Payment Option A: Standardized Fee
\$50 Non-refundable application processing fee. Must be submitted with the application
\$3000. Full program fee completed in one payment on an agreed upon date. If the agreed upon date is not prior to placement with a program dog or prior to starting Level 2 for a team applicant, a deposit of \$600 is required.
Deposit Payment Date:
Full Fee Payment Date:
Source of Funding:
Payment method:
I agree to the payment plan above and will inform Leash of Hope in the event that I am unable to meet the terms above for whatever reason, but am still accountable to ensure the program fee is paid in full
Applicant/Guardian Signature: _____
Payment Option B: Standardized Fee Over Instalments.
\$50 Non-refundable application processing fee. Must be submitted with the application
\$3000 Full fee paid over instalments. The first instalment must a minimum deposit of \$600 prior to placement with a program dog or prior to starting Level 2 for a team applicant.
A deposit of \$ _____ will be paid on the date of: _____
A balance of \$ _____ Will be paid over _____ number of payments.
Payments will be made on the day of _____ during the months of _____
Payment method:
I agree to the payment plan above and will inform Leash of Hope in the event that I am unable to meet the terms above for whatever reason but am still accountable for ensure the program fee is paid in full
Applicant/Guardian Signature: _____

Payment Option C: Reduced Program Fee

\$50 Non-refundable application processing fee. Must be submitted with the application

\$600 Program fee is granted a maximum of three participants annually. Clients who are not selected for the reduced fee have the option of continuing with the program under payment option A or B.

Please describe why you should be selected for the reduced fee?

Please describe any fundraising or resources that you have attempted to access for your program fee?

If selected for the reduced program fee, how will you cover any addition costs that come with care for the dog or team (especially if outside of the greater Vancouver area)

If not selected for the reduced program fee, how will you cover the cost of the program?

Payment Approval (To be completed by program)

Director of Finance:

Payment Option Approved / Declined

Reason (if applicable)

Signature:

Date: