

Haliburton Assistance for Single Parents (HASP)

APPLICATION FORM FOR HASP

All personal information will be kept confidential.

Name: (first and last) _____

Address: _____

Phone: _____

Email Address: _____

Alternate Phone: (cell) _____

Date of Birth: (month, day, year) _____

Do you have any siblings with post high school education? (Y/N) _____

Are you a Canadian citizen? (Y/N) _____

Are you a resident of Haliburton County? (Y/N) _____

Have you ever been convicted of a crime for which a pardon has not been obtained?

(Y/N) _____

If yes, please explain: _____

Child/Children

Name	Date of Birth
1.	
2.	
3.	
4.	

Educational Information

Did you complete high school (grade 12 diploma)? (Y/N) _____

If you did not complete high school, will you return to complete your diploma? (Y/N)____

If you did complete high school, do you have any college or other credits? Please list.

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Personal References

Please provide the names of 3 non-relatives to whom we could speak along with their contact information:

Name	Phone	Address	Relationship
1.			
2.			
3.			

Employment History

Fill out the form below with your work history. Use the back of the paper for additional jobs.

From: Month, Year	To: Month, Year	Employer	Duties	Why you left

Personal Financial Status

\$ From work, before taxes (monthly): _____

\$ From OW or/and other government programs (monthly): _____

\$ From family, or other sources (monthly): _____

\$ Total debt including credit cards: _____

Lifestyle Status

Marital Status: _____

With whom do you and your child/children currently live? _____

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Do you currently receive any support? Please circle yes or no.

Food: yes no

Clothing: yes no

Childcare: yes no

Transportation: yes no

Internet: yes no

Other: yes no

Please explain: _____

Career Plans

Share your career plans and dreams with us in an essay format of not less than 500 words.