

## WELCOME POLICY

Growing families  
Grant application

### IDENTIFICATION

Name of the father

Name of the mother

Complete name of the child

Date of birth of the child or date of adoption

Home address

E-mail

Telephone number (home)

Work

How long have you lived at the above address?

What was your previous address?

### MEMBER OF THE CAISSE DESJARDINS OF STANSTEAD

Is your child a member of Caisse de Stanstead ?

Yes  No

Account number

### ADMISSIBILITY CONDITIONS

1. You must provide the birth certificate or adoption certificate.
2. You must have been residents of Stanstead for at least one year.
3. You have to file a contribution request with the Town of Stanstead within six months of the birth or adoption of a child.
4. To obtain the Caisse contribution, your child must be a member or become a member of the Caisse Desjardins de Stanstead.

### DEADLINE REGISTRATION

The deadline to apply is August 1<sup>st</sup> of each year.

I attest that all of the information provided in this application is accurate, and I accept that if any statement is proven to be untrue, I will repay the amount of the grant to the municipality and to the Caisse.

Signed on (date)

Father of the child

Mother of the child

The present text is not official, thus, the french version prevails.



VILLE DE / TOWN OF  
**Stanstead**  
stanstead.ca

819 876-7181

819 876-7551

 **Desjardins**  
Caisse du Lac-Memphrémagog