



## Matched Savings Application Form

**2016 – 2017**

*Vibrant Abbotsford (VA)'s Matched Savings project motivates, encourages, and enables youth to save a targeted amount to reach a specific medium term savings goal. It empowers youth with bank accounts, money skills, and helps them to achieve financial responsibility, confidence, independence, and security. Participating youth acquire assets that support their housing, education and/or employment needs for example. At the end of the program, youth are better equipped to plan for the future and achieve long term savings goals.*

### 1. Participant Information

Full Name: \_\_\_\_\_ Birth Date & Age: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Full Mailing Address:

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### 2. Youth Worker Information

Full Name: \_\_\_\_\_ Agency/program: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Willing to support youth throughout the program? \_\_\_\_\_

### 3. Program Components

*Participation in the Matched Savings project requires multiple commitments on behalf of the participant. Please circle 'Y' or 'N' next to the following statements. If 'N', please provide details.*

- a. I'm willing to create a Savings and Purchase plan with my youth worker and VA Coordinator. Y/ N

If No: \_\_\_\_\_

- b. I'm willing to communicate with the VA Coordinator and respond to emails within 2 days. Y / N

If No: \_\_\_\_\_

NOTE: If you do not have access to email, please indicate your contact preference.

- c. I'm willing to open a bank account with Coast Capital Savings and keep it for savings. Y/N

If No: \_\_\_\_\_

NOTE: You may choose to close the account after the program is fully completed.

- d. I have two pieces of identification (BC I.D., license, medical care card, birth certificate). Y/N

If No: \_\_\_\_\_ Y/N

NOTE: If you do not have two pieces of identification, you can get a second by November 30th.

- e. I will submit proof of deposit to VA Coordinator on a monthly basis and in a timely manner. Y/ N

If No: \_\_\_\_\_

- f. I'm willing to attend a one-on-one, one-hour money skills discussion with VA Coordinator and take a quiz before receiving my matched funds. Y/N

If No: \_\_\_\_\_

- g. I'm willing to complete a final survey before my funds are withdrawn. Y/ N

- h. I'm willing to create a thank you card for Coast Capital Savings. Y/N

- i. I'm willing to purchase the identified asset or expense and send a purchase receipt to VA Coordinator within 5 days of withdrawing funds? Y/ N

#### 4. Income

You are required to deposit the same amount of money each month for a period of six months. The deposit **MUST** be made by the last day of the month.

- a. Would you be able to deposit funds monthly over a six-month period? Y / N
- b. What source(s) of income will you use for this savings program (e.g. employment, savings)?

\_\_\_\_\_

- c. How much per month would you be able to deposit? \_\_\_\_\_

#### 5. Savings

*The Matched Savings program supports youth to increase their independence and employability by empowering them to reach medium term educational, employment, or housing goals that would otherwise be out of reach. Examples include: tuition (fees, textbooks and school supplies), training courses, equipment/tools for employment, laptops, car insurance, RRSP/RESP account, furniture, etc.).*

- a. What would you like to purchase and how will it help you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- b. What is the total cost of this item/service? \_\_\_\_\_
- c. Would you be able to purchase this item by June 15, 2017 and show a receipt for purchase? Y/N

Signed (Youth): \_\_\_\_\_

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

***Applicants will be selected first-come-first-serve and based on information received in this form. As program spaces are limited, submission of this form does not guarantee acceptance into the program.***

***The deadline for Application submission is November 30, 2016. Thank you for your interest in this program!***