Faculty of Science
Ivor Wynne Centre
1280 Main Street West
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Phone: 905.525.9140
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McMaster University | Physical Activity Centre of Excellence

MacWarriors Cancer Exercise Program
Confidential Financial Assistance Application

Dear Participants of MacWarriors,

We are excited to announce that McMaster PACE has received a generous donation from one of our partners whose mission aims to improve the lives of people in the community. These funds will be directed in line with the organization's goals by facilitating access to PACE's MacWarriors Cancer Exercise Program. The funding will be allocated to candidates who would benefit physiologically and psychologically from access to the program and are currently limited by the cost of these services.

If you are interested in applying to be considered for Financial Assistance, we kindly ask that you complete the form below.

Please note that all applications for Financial Assistance are voluntary and will be kept confidential.

Full Name:		Application Date:	
Address:		City:	
Province:		Postal Code:	
Are you a full-time student? Yes / No		If yes, where?	
Are you married? Yes / No		Total number of dependents	

List names and ages of all persons in the household.

Your household includes all the dependents you claim on your federal income tax return.

Name	Age	Name	Age
1.		4.	
2.		5.	
3.		6.	

What is your reason for applying for Financial Assistance?

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If you are a current program participant, how does your exercise program at PACE benefit you?

_____

_____

_____

If you are a new participant, is there a specific task or goal you hope to achieve through your exercise rehabilitation program?

_____

_____

_____

Please include the supporting documentation below with your application:

- Copy of your 2025 Notice of Assessment from Canada Revenue Agency

The supplementary information will be reviewed and returned to you in a timely manner as McMaster PACE will not store a record of this information. Applications will only be processed after all information is completed and submitted.

I acknowledge that I have provided McMaster PACE with personal information for the purpose of this application and they will use best practices to ensure confidentiality of the same. I verify that all of the information submitted is correct, complete, and accurate. I understand that submitting false or inaccurate information may result in the termination of Financial Assistance.

Applicant Signature: _____ Date: _____