

Camp Kawartha Subsidy Application Form – 2012

This application will remain confidential and the information will only be used to determine eligibility for subsidy funds.

** Important: All of the following items must be submitted together, or this subsidy application cannot be processed and will be returned.

Please note, a camper space will not be held if any supporting documentation is missing.

<input type="checkbox"/> Registration Form (completed & signed) <input type="checkbox"/> \$75 deposit (will not be deposited until approved) <input type="checkbox"/> Subsidy Application Form (completed & signed) <input type="checkbox"/> Letter of reference <input type="checkbox"/> Letter from Camper	<input type="checkbox"/> Verification of current income for <u>each</u> parent, stepparent, or guardian in household <input type="checkbox"/> Copy of prior year's summary from income tax return (Notice of Assessment) <i>(shows gross income for year)</i>
---	--

Note: All questions must be answered in full in order for your application to be processed.

Part A: Household Information

Parent / Guardian #1: _____

Status: Employed Self-Employed Unemployed Social Assistance Other: _____

Name of Employer & Address: _____

Occupation/Position: _____ # of years: _____

If Self-Employed, give nature of business: _____ # of years: _____

Parent / Guardian #2: _____

Status: Employed Self-Employed Unemployed Social Assistance Other: _____

Name of Employer & Address: _____

Occupation/Position: _____ # of years: _____

If Self-Employed, give nature of business: _____ # of years: _____

Home Mailing Address:

Street Address: _____

City/Town: _____ Province/State: _____

Country: _____ Postal Code/Zip: _____ Home Phone# (_____) _____

List of children/dependents in household:

Name	Age	Relationship

Part B: Statement of Household Income and Expenses

Note: Attach verification of income for each parent / stepparent / guardian in household (e.g. copy of T4, Income Tax Notice of Assessment, recent pay stubs, letter from employer, unemployment insurance stub, social assistance stub, etc).

This information will be kept strictly confidential and is only for the purpose of verifying your family income.

MONTHLY GROSS INCOME	Parent / Guardian #1	Parent / Guardian #2
Gross Income from Employment	\$	\$
Self-Employment Income, Business Income, Rental Income	\$	\$
Unemployment Insurance	\$	\$
Social Assistance, Disability, or WCB Benefits	\$	\$
Pension Income	\$	\$
Alimony or Child Support	\$	\$
Child Tax Credit	\$	\$
Investment Income, Capital Gains, Dividends	\$	\$
Income from Estates, or Agency Family Trust	\$	\$
Other Income: (Please Detail)	\$	\$
TOTAL INCOME	\$	\$

MONTHLY HOUSEHOLD EXPENSES	
Housing (Rent or Mortgage)	\$
Property Taxes	\$
Utilities (Heat & Hydro)	\$
Insurance Premiums (Life, Auto, Property)	\$
Child Care	\$
Medical Expenses (not covered by insurance)	\$
Food	\$
Transportation (gas, bus fare)	\$
Other Expenses: (Please Detail)	\$
TOTAL EXPENSES	\$

Part C: Assistance Requested

Note:

- Financial assistance limited to **one camp session per camper**.
- The maximum subsidy allowable is 50% of the camp fees up to a maximum amount of \$600 per camper.
- Assistance is awarded based on availability of subsidy funds, demonstration of family need, and availability of spaces in the session requested.

Name(s) of child(ren) for whom you are applying for assistance:

1. Camper’s Name: _____ Session _____ Camp Fees \$ _____

2. Camper’s Name: _____ Session _____ Camp Fees \$ _____

3. Camper’s Name: _____ Session _____ Camp Fees \$ _____

Total Camp Fees \$ _____ (1)

Dollar amount (resources) you have available towards camp fees:

Contribution from you (Parents / Stepparents / Guardians): \$ _____

Assistance from Relatives and Trusts: \$ _____

Funds available from Other Sources: \$ _____

Total Resources Available: \$ _____ (2)

Total Assistance Requested: \$ _____ (3)

(subtract line 2 from line 1)

To help us determine your eligibility for financial assistance, please use the space below to provide any information describing your family situation and/or any unusual circumstances that may affect your family’s ability to send your children to camp. Please state specific reasons why your family requires financial assistance, not simply that the fee cannot be afforded (use separate page if necessary):

Part D: Letter of Reference (Required for New Campers / New Applications)

Letters of Reference must be from non-relatives only. The letter of reference may come from any of the following individuals: teachers, principal, school guidance counsellor, extra-curricular activity coach (sports or otherwise), religious leader, doctor, social worker, community worker, or any other person with close contact to your child. Each letter should be signed and include the address & phone number of person providing reference.

Reference Letters should answer the following questions:

- What makes this child/family a deserving candidate for a subsidized space.
- How will camp benefit this child.
- What can this child bring to the group (e.g. characteristic, talent or skill they can share with group).

Although returning applicants are not required to submit a Letter of Reference, the camper's prior performance at camp will be taken into consideration during the subsidy evaluation process.

Part E: Letter from Camper/Parent (Required for all Returning Campers)

Each returning camper is asked to write a one-page letter reflecting on their experiences at camp. (Parents feel free to help your child with the letter and add your own comments)

- What did you like best about camp?
- What have you learned? What new skills did you acquire?
- How did camp make a difference for you?
- What goals do you wish to accomplish this year at camp?

These letters are also important for thanking our donors for their contributions and will help us promote our fund-raising efforts to raise more subsidy monies (names will be excluded for privacy).

Part F: Acknowledgement

I certify that the information provided on this form is true and complete to the best of my knowledge, and that I have provided all the appropriate paperwork to verify the information. I understand that this application is not considered a guarantee of financial assistance, and that incorrect or incomplete information can result in delay or disqualification of this application. I agree to inform Camp Kawartha of any changes in my financial status.

Signature of Parent(s) / Guardian(s):

Date: _____

Return this Subsidy Application and required documentation to:

Attention: Camp Registrar

Camp Kawartha, 1010 Birchview Road, RR 4, Lakefield, ON K0L 2H0

Phone: (705) 652-3860 Toll-Free: 1-866-532-4597

E-mail: info@campkawartha.ca Website: www.campkawartha.ca

For Office Use Only:

Registration & Deposit Verification of Income Letter of Reference Letter from Camper Approved Not Approved Amount awarded: _____