

2017 Camp Subsidy Application Form

Section 1: Camper Information

First Child Informa							
Child's Last Name:		First Name	· 				
Address:		City:		Postal Code:			
□ Male □ Female	Birthdate: Day	Month Year					
*Note: please ensure you have registered directly with your camp of choice before submitting your Sunshine Fund application. Your application will be placed on hold until you have properly registered.							
For a list of eligible of	amps please visit our	website at http://www.n	nbcamping.ca/	for-parents/sunshine-fund.cfm			
Accredited Camp:	Simonhouse Bible Car	np Camp Session:		Camp Date:			
Camp Cost (without	GST) : \$	Transportation cost: \$	N/A	_ Total fees owed: \$			
Special needs if any:							
Second Child Infor Child's Last Name:		First Name	·				
Address:		City:		Postal Code:			
□ Male □ Female	Birthdate: Day	Month Year					
*Note: please ensure you have registered directly with your camp of choice before submitting your Sunshine Fund application. Your application will be placed on hold until you have properly registered.							
For a list of eligible of	amps please visit our	website at http://www.n	nbcamping.ca/	for-parents/sunshine-fund.cfm			
Accredited Camp: Si	monhouse Bible Camp	Camp Session:		Camp Date:			
Camp Cost (without	GST) : \$	Transportation cost: \$	N/A	_ Total fees owed: \$			
Special needs if any:							



Section 2: Parent Contribution

Number of dependent children in the family: _____

- Your payment will not be processed until your application has been approved and funding is in place for your child/children.
- Your application will be placed on hold until your parent contribution is received.

We ask all parents for a payment contribution equal to 20% of the final camp cost (without GST) to help us send your kids to camp.

*For example: Total camp fee = \$400 Parent contribution = $($400 \times 0.20) = 80 Total camp fees (including transportation; excluding GST): \$ Parent contribution (total camp fees x 0.20): \$______ \$140 maximum per child if individual camp fee is \$700 or more Method of Payment: Ocheque/Money Order (Payable to: The Sunshine Fund) – Post-dated cheques are accepted Cash Visa/MasterCard AMEX (Visa Debit NOT accepted) Name as it appears on credit card: Card #: ___ - __ Expiry Date ___ / __ Signature authorizing credit card payment: _______ Section 3: Parent/Sponsor/Guardian Information Note: The parent/guardian/sponsor will act as the contact person for the child and will receive all correspondence. Last Name: _____ First Name: _____ Address (ONLY if different from Child's): _____ City: _____ Postal Code: _____ _____ (Work) _____ (Cell) _____ Email: ____ Phone #: (Home) O I give permission to use my email for receipt of future newsletters and/or information on the application form. Relationship to child (i.e. Parent/Sponsor/Guardian/other): Section 4: Manitoba Health Card Please include a copy of your Manitoba Health Card with your application. The Health Card must list all parents and children living in one household. If children appear on both parents' Health Cards, please submit both. Number of people in your household:



Section 5: Financial Information

• • • • • • • • • • • • • • • • • • • •	ed to provide written do ease see <u>http://www.m</u>	. •				
Cut off levels are base need will be based on	•	old income and number	er of family members. A	Assessments of financial		
Please check of	one:					
○Single Parent ○ Refugee Claimant	○Divorced○Foster Parent	-	Common-Law /self-employed (more in will be contacted)	○Social Assistance nformation may be		
_	epted documents verify s' T4 summaries (page	-				
BOTH partner's most recent pay stub						
If you are on social as						
•	oudget statement					
If you are a refugee cl	_					
 Government p 	proof of refugee status in	n Canada				
Section 6: Letters	•					
experiences they've ha	or drawing from your clad at camp in the past. I	he parent may write a	letter as well.	go to camp or the We operate on a first come		
first serve basis.	iii iii iio way iiiipact you	chances of receiving 5	unstitute ratio sabstay. V	we operate on a mist come		
Here are some subject	ts you or your children n	nay talk/draw about:				
 If you have be 	If you have been to camp before:					
What	O What have you learned?					
o How h	nas camp benefited you	in a unique way?				
o Why is	s camp important to you	1?				
• If you have no	vor hoon to camp					
•	ver been to camp:	2				
	are you excited for camp					
	rent of a child who has a is the greatest change y		vour child since returnir	og from camp?		
			your child since returning	ig iroin camp:		
-	rent of a child who has i do you want your child to	-				
O Willy C	do you want your child to	o experience camp:				
Free Press Interviews	The Winnipeg Free Pre	ss publishes articles on	families who access the	Sunshine Fund to help		
promote the Sunshine	Fund and help us to rai	se money to send kids t	o camp. Please indicate	e if you and your family		
would like to be interv	viewed.					
O Yes - If Yes, has you	ır family been interview	ed previously?)No thank you OI would	d like more information		



VERY IMPORTANT INFORMATION:

- 1. Please note that we are a registered charity reliant on public donations and can only subsidize children if our funding allows. Submitting this application DOES NOT guarantee funding.
- 2. If the Sunshine Fund approves you for camp subsidy you will be notified via email or telephone. Until you receive an official Sunshine Fund approval, you will not be receiving funding.
- 3. Should you chose to send your children to camp without approval, it becomes your responsibility to cover the camp fees. The Sunshine Fund cannot reimburse camp fees to any camper that has already attended camp.
- 4. Your Sunshine Fund application will only be processed at the Sunshine Fund office once **ALL** of the required documentation has been submitted.
- 5. We will update you as soon as we can. You may call to confirm that we have received your application, however; we **WILL NOT** respond to inquiries about the status of your application unless you haven't heard from us one month prior to the camp start date.
- 6. You must contact the camp directly regarding any questions about the actual camp or its programs.

Section 7: Checklist

to the aforementioned use of personal information.

Application Checklist (We cannot approve subsidy	y without a completed application)						
Camp registration form sent directly to camp							
Ocamp information (including camp, camp dates	s, and camp cost) correctly filled out on Sunshine Fund application						
O Parent contribution towards this camp experier	nce (20% of the total camp cost)						
A copy of your Manitoba Health Card							
○ Income verification							
A letter or drawing indicating how a camp experience will impact your child (parent or child can write the letter)							
Completed applications may be mailed, faxed, emailed, emailed, faxed, emailed, ema	ailed or dropped off in person. Contact us at:						
1139 Sanford Street, Winnipeg, MB, R3E 3A1							
Phone: (204) 784-1130; Fax: (204) 784-4177							
Email: sunshinefund@manitobacamping.ca							
Parent/Guardian Signature:	Date:						
Information collected for all applicants is stored an	nd used by the Manitoba Camping Association's employees and/or						
volunteers to facilitate the Sunshine Fund (SF) and	to administer the policies that govern the Association in accordance						
with the Privacy Act. The Manitoba Camping Assoc	ciation (MCA) does not share the information we collect outside of our						
Association. Letters/drawings submitted will remain	in the property of the MCA/SF and may be used for promotional						

purposes as a means to solicit donor funding. Signature above indicates understanding and agreement with the respect