



A United Church Fresh Air Camp

Bursary Fund Process and Guidelines **(Financial Assistance)**

The Camp Scugog Bursary Fund assists campers and families who are unable to pay the individual subsidized fee.

A person requesting financial assistance from the Camp Scugog Bursary Fund must apply through the Camp Registrar.

Process:

- Complete the Financial Assistance application form
- Both the parent/guardian with custody **and** an appropriate sponsor/referral* **must** complete the application form
- Financial Assistance applications will only be reviewed if accompanied by completed Camper Registration form and the \$50.00 deposit
- Each application will be reviewed and you will be notified if you are eligible for financial assistance and how much will be available to you
- Return application to:
Lake Scugog Camp Registration Office
Registration Office: 50 Edward St., Brantford, ON N3S 1V3

Guidelines: Please note that due to limited available funds;

- Max. 3 applications per family will be considered for assistance per year
- A limit of two consecutive years of receiving funds applies to all applicants
- Completed forms will be considered on a first-come, first-served basis
- Applications must be complete, legible, signed by parent/guardian and sponsor/referral
- Incomplete forms will be returned for correction before consideration.

***Preferred Sponsors/Referrals:**

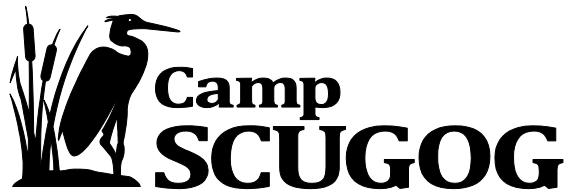
- Minister
- Agency Social Worker
- School Guidance Counselor/Social Worker
- Community Worker

Please call if clarification of sponsor/referral is required or with any questions regarding the financial assistance process, guidelines or application form.

Thank You,
Camp Scugog
Board of Directors

Community ♦ Growth ♦ Play ♦ Respect

Charitable Registration No. 887429207RR0001



A United Church Fresh Air Camp
 Registration Office: 50 Edward St., Brantford, ON N3S 1V3

FINANCIAL ASSISTANCE APPLICATION

Please use one application form per camper. Additional forms are available at www.campscugog.org

Camper Information				
First Name		Last Name		Session #
Unit #	Address	City	Postal Code	

Parent/Guardian Information				
First Name		Last Name		Relationship to camper
Cell Phone #	Home Phone #	Bus. phone #	e-mail	

Financial Information	
Number of campers in family requesting assistance	#
Average net family income per month	\$
Special Expenses (medical, prescriptions, tuition, etc.)	\$
Family contribution toward this camper's fee	\$

 Signature of Parent/Guardian

 Date

Sponsor/Referral Information		
Agency/Service	Phone #	Ext.
Name	Position	e-mail
Sponsor contribution towards this camper's fee:		\$

Please give a brief outline that would support this request:

 Signature of Sponsor/Referral

 Date