



## Confidential Application for Financial Assistance

*All information collected is confidential and will be used only for the purpose of administering financial assistance.*

### CAMPER INFORMATION

Camper's Name: First \_\_\_\_\_ Last \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Grade completed as of June: \_\_\_\_\_ Birthday: (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Name: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone#: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

How many children/dependents are living in your household? \_\_\_\_\_

### ADDITIONAL INFORMATION

Has your family accessed campership or other camp bursary programs in the past? YES / NO

If yes please select the bursary programs from which you received funding:

- |   |   |
|---|---|
| <input type="checkbox"/> Cairn Campership     | <input type="checkbox"/> Children's Foundation of Muskoka         |
| <input type="checkbox"/> Kids in Camp         | <input type="checkbox"/> Jean Wansbrough Leadership Training Fund |
| <input type="checkbox"/> Church-based funding | <input type="checkbox"/> Other: _____                             |
| <input type="checkbox"/> JumpStart            |   |

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

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Please submit the completed form to [admin@ilovecamp.org](mailto:admin@ilovecamp.org).

Following receipt of this application, you will be contacted by the Cairn Office to discuss your specific financial need, at which point any additional financial information will be requested as required.