



Confidential Application for Financial Assistance

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

PARTICIPANT INFORMATION

Participant's Name: First _____ Last _____
Street Address: _____ City: _____
Postal Code: _____ Phone: (_____) _____
Birthday: (Month) _____ (Day) _____ (Year) _____

PARENT/GUARDIAN INFORMATION (If participant is younger than 18)

Name: _____
Relationship to participant: _____
Address (if different from above) _____
City: _____ Postal Code: _____
Home Phone#: (_____) _____ Work Phone #: (_____) _____
Cell Phone #: (_____) _____ Email: _____
How many children/dependents are living in your household? _____

I am applying:

- As an individual
 On behalf of a group of _____

What percentage of your total Cairn registration fee are you able to contribute?

- 25%
 50%
 75%
 Other (Percentage or dollar amount) _____

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:

- Cairn Campership
 Kids in Camp
 Church-based funding
 JumpStart
 Children's Foundation of Muskoka
 Jean Wansbrough Leadership Training Fund
 Other: _____

Signature: _____ Date: _____

Please submit the completed form to 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.