



CAMPING FINANCIAL ASSISTANCE REQUEST

1. In order to be considered, your application must include:
 - a) a fully completed **Financial Assistance Request** (both sides)
 - b) a written **verification of income** from your employer or social worker
 - c) a completed **Reference form** from someone who knows the child such as a teacher, pastor, social worker, lawyer, or community member (not a relative)
 - d) a detailed list of **monthly expenses**.

2. Please submit one campership application per child, to the address below. Forms should be in as early as possible as space is limited. **Incomplete applications will be returned.**

3. All applications are held in strict confidence.

Full name of camper:	~ male	date of birth:	Age as of July 1 st, 2008:
	~ female	/ / (D) (M) (Y)	
mailing address:			
(number)	(street)	(city/town)	(prov) (postal code)
parent/guardian name(s):	relationship:	home phone:	bus. Phone:
1.	1.		
2.	2.		
(surname) (first) (initial)			
parent's/guardian's employer:	supervisors:	Phone:	
1.	1.		
2.	2.		
name of Social Worker, if on Social Assistance:			Phone:
(surname)	(first)	(initial)	
Are you, or have you been, an HRD client?	If Yes, when?		
~ Yes			
~ No			
Has camper received campership assistance before?	If Yes, when?		
~ Yes			
~ No			
What are you able to contribute to the camp fee? (MANDATORY)	Annual Household Income:		
What session/week is the camper interested in attending?	Number of income earners in household:		
1 st Choice:			
2 nd Choice:	Number of Children in household:		
3 rd Choice:			
(please note we may not be able to match your request)	Annual Household Expenses:		

(OVER)

PERSONAL DATA

How would this child benefit from attending Camp this summer?

In what other activities is the child enrolled in this summer?

Has the child attended a camp other than Camp Glenburn or Day Camp before? If so, where and when?

It is understood that the Saint John YM-YWCA Inc., may at any time verify the information on this form and I hereby consent thereto. I further agree that an omission or misrepresentation with respect to this information may be cause for denial or immediate termination of the application for Campership Assistance.

**** I have included the following:**

- Completed Financial Assistance Request Form**
- Completed Reference Form**
- Verification of Income**
- List of Monthly expenses**

Date: _____ **Signature:** _____

For further information regarding the Campership Assistance Program, call or write:

Saint John YM-YWCA Inc.
Campership
130 Broadview Ave.
Saint John, N.B.
E2L 5C5
Phone: (506) 646-2104, Fax: (506) 634-0783
[Email: glenburn@saintjohnY.com](mailto:glenburn@saintjohnY.com) [Website: www.saintjohnY.com](http://www.saintjohnY.com)