



We build strong kids, strong families, strong communities.



CAMPING FINANCIAL ASSISTANCE REQUEST

***Please attach this application to a completed Camp Glenburn registration form.**

- In order to be considered your application must include:
 - A fully completed **Financial Assistance Request** (both sides).
 - Verification of income** from your employer or social worker.
 - A completed **reference letter** from someone who knows the child such as a teacher, pastor, social worker, lawyer, or community member (not a relative).
 - A detailed list of **monthly expenses**.
- 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.**
- Please PRINT.**

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

(OVER)

PERSONAL DATA

How would this child benefit from attending camp this summer?

Has the child attended a camp other than Camp Glenburn 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
- Reference Letter
- Verification of Income
- List of Monthly expenses

Date: _____ **Signature:** _____

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

Saint John YMCA-YWCA
130 Broadview Ave.
Saint John, N.B.
E2L 5C5
Phone: (506) 634-7720, Fax: (506) 634-0783
Camp Glenburn Email: Glenburn@saintjohnY.com
Website: www.saintjohnY.com

