



CampKIDS Bursary Application

CampKIDS provides bursary assistance to families in need. Every young person should have the opportunity to go to summer camp regardless of family circumstance or income--camp is a special place where kids come alive, experience adventure and feel belonging in community. IAWAH's overnight camps and challenging leadership programs are designed to help youth keep on growing.

Over the past five years, IAWAH's CampKIDS fund supported 300 children to get to camp with funding provided of \$100 000.00. Funds are generously donated by individuals who want to see young people thrive and experience the joy of camp.

Who is eligible? Families are welcome to apply when financial assistance is required due to lower income or special family circumstance. In all cases funding being applied against fees will be based on acceptance into that specific program. The intention of the fund is for as many children as possible to have a summer camp experience. For this reason, the bursary value for each individual camper will not normally exceed 50% of the registration fee for one camp session. Note that families applying for funding for a third or subsequent year will be limited to \$200.00 bursary per child.

How to apply? Simply complete the online application for CampKIDS or request a copy from the office. Each application is considered on an individual family basis. The CampKIDS committee meets frequently to review applications. References will be contacted during this review.

Once decisions have been made, families will be notified by the Registrar and invited to complete the registration process. Arrangement to pay outstanding fees can be made at this time. Should you have questions or need help to apply – please call us at 613-273-5621 ex. 101 or email info@iawah.com.

Parent/Guardian Information:

Last Name:

First Name:

Email Address:

Phone Number:

Is there a second parent in the home?
 Yes
 No

Annual Household Income:

Please provide a brief explanation of why you are requesting financial assistance.

Number of children in the home:

0-4 Years 11-15 Years

5-10 Years 16+ Years

Bursary Request

Child 1

Name: Age:

Session Attending: Total bursary amount requested:

Child 2

Name: Age:

Session Attending: Total bursary amount requested:

Child 3

Name: Age:

Session Attending: Total bursary amount requested:

Child 4

Name: Age:

Session Attending: Total bursary amount requested:

Reference

(Pastor, Church Worker, Teacher/Professional, IAWAH Board/Corporation Member) Please name an individual who can verify that you do qualify for financial assistance.

Name:

Day Phone:

Email Address:

Evening Phone: