

This form must be completed before camp starts to be considered for a bursary. You will be notified by email if your child does or does not receive a bursary. One bursary per camper per year. Bursaries are given out solely according to need. All information on this form must be completed in order to be considered. Additional information or letters can be attached.

**CAMPER (CHILD'S) INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

**PARENT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

**List the weeks of camp you are interested in from 1-3** (#1 being your first preference)

**CAMP DATES (8:00 AM-5:30 PM)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

1. Number of people in your household: Adults ( ) Children 18 and younger ( )

2. Yearly Family Income: Under \$20,000  
(please circle) \$20,000-\$30,000  
\$30,000-\$40,000  
\$40,000-\$60,000  
Over \$60,000

3. (a) How much are you able to contribute to the camp fees? \$ \_\_\_\_\_

(b) Are you applying for government subsidy (please circle) ? YES NO

4. In a few short sentences, please indicate why you require financial assistance?

5. Why would you like your child to take part in a Science Alliance camp?

6. Is there anything else that you would like to add?

I, the undersigned, declare that the information included in this application is accurate and complete to the best of my knowledge. I understand that, should my child be granted a bursary and my circumstances change from those reported on this application, will contact Science Alliance so that this bursary can be rescinded and given to another child in need.

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

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Parent Contacted: Yes / No  
Bursary Awarded: Yes: \$ \_\_\_\_\_ ( FULL OR PARTIAL)  
No: Reason: \_\_\_\_\_  
Auth. Signature: \_\_\_\_\_ Date: \_\_\_\_\_