



**Parks of the
St. Lawrence**

THE ST. LAWRENCE
PARKS COMMISSION
AN AGENCY OF THE
GOVERNMENT OF ONTARIO

13740 COUNTY RD. 2, MORRISBURG, ONTARIO K0C 1X0
TEL 613 543-3704, FAX 613 543-4098, TDD 613 543-4181

**Les Parcs du
Saint-Laurent**

LA COMMISSION DES
PARCS DU SAINT-LAURENT
UN ORGANISME DU
GOUVERNEMENT DE L'ONTARIO

REQUEST FOR CAMPERSHIP FUNDS APPLICATION



Please complete the following form carefully. Incomplete forms will not be accepted. Assistance with the form is available by contacting the Supervisor of Youth, Education and Domestic Programs at 613-543-3704, ext. 2234

Date of Application: _____ **Date Received:** _____ **By:** _____

I. Please attach a letter which lets us know why you require assistance.

II. Please provide the child(ren)'s name(s) for which assistance is being requested.

1. _____

2. _____

3. _____

III. Names of Parents/Guardians (both parents/guardians where possible):

Telephone No.: _____
(daytime) _____ NAME

PLEASE SEE OVERLEAF

FOR OFFICE USE ONLY

ALL INFORMATION INCLUDED: [] yes [] no

ASSISTANCE APPROVED: [] yes [] no

AMOUNT OF ASSISTANCE: _____

FAMILY'S CONTRIBUTION: _____

FAMILY NOTIFIED: [] yes [] no

AUTHORIZED BY: _____

DATE

METHOD OF PAYMENT: cash cheque Debit
 American Express MasterCard Visa Discover

IV. FINANCIAL INFORMATION

You may be required to provide proof of your monthly income and expenses.

Please indicate the names of those earning income in your household:

Please indicate the number of dependants in your household: _____

MONTHLY INCOME FROM ALL PROVIDERS: Please list monthly income from all sources.

Income Source/ Provider Name	Contact Person	Telephone No.	Amount
1.			
2.			
3.			
TOTAL INCOME			

Indicate the amount you expect to contribute to each child's camp fee: _____

V. ADDITIONAL INFORMATION AND REFERENCES

- Has/have your child(ren) received a Time Traveller Campership in the past?
 yes no
- Have you attached a letter of reference from a referral agency? yes no
- List three references below. They should be people who are familiar with your family situation and financial circumstances (i.e. teacher, religious leader, social worker).

Name	Address	Agency/Company	Telephone No.

We/I [the applicant(s)] have read and understood the policies relating to Time Traveller Camperships. We/I certify that all of the above information is true and correct. We/I further give permission to Upper Canada Village to contact the contact person(s) and references named above in order to verify the income and family information provided in this application.

Signature(s) of Applicant(s)

DATE