



CAMP ARNES • CAMPER SCHOLARSHIP APPLICATION

Box 28009 RPO North Kildonan, Winnipeg, MB R2G 4E9

Ph: (204) 338-4648

Email: registrar@camparnes.com

IMPORTANT INFORMATION

- Funds for scholarships have been made available to Camp Arnes through friends of Camp Arnes. These scholarships (money to pay child's camp fees) are designated to help children of lower income families attend Camp.
- Every family applying for a scholarship must contribute a minimum of \$50 for each child, if possible any additional money they can afford.**
- Please complete this form to help us understand your financial situation and better assess what your parental contribution should be. **Pending availability of funds**, once your child's application has been processed you will be notified as to the amount of scholarship allotted to you.

APPLICANT INFORMATION

Parent/Guardian Name(s): _____

Mailing Address: _____ City: _____ Prov.: _____ Postal Code: ____/____

Primary Phone: (____) ____-____ Secondary Phone: (____) ____-____

Primary Email: _____ Secondary Email: _____

Marital Status: _____ Total # of Dependant Children: _____ Total Household Size: _____

Social/Case Worker Name & Phone Number (If applicable): _____ (____) ____-____

FINANCIAL INFORMATION

Please use the following chart to determine **Total Annual Income**:

Monthly Income Source	Custodial Parent	Custodial Parent's Partner
Gross Wages/Salary		
Social Benefits/Assistance		
Family Allowance		
Child Support		
Housing Allowance		
Other		
Total		

Total Yearly Income: _____ *Copies of supporting documentation must be attached- Income tax Notice(s) of Assessment, etc.*

Do you have any special financial circumstances (e.g. medical bills, etc.) that affect your ability to pay the full fee?

If so, please explain (continue on back if necessary):

SCHOLARSHIPS REQUESTED

- Parents must provide a **minimum** payment of \$50.
- Scholarships will be awarded **up to a limit of \$603.75 per child (some exceptions may apply).**
- Only ONE scholarship, regardless of source, is permitted per child per summer.**

Name of Child	Age	Camp Week	Unit	Total Fee	Your Contribution	Requested Scholarship
				\$ - \$	= \$	
				\$ - \$	= \$	
				\$ - \$	= \$	

Is your child attending any other camps this summer? ☐ No ☐ Yes Name of Camp: _____

REQUIRED SIGNATURE

☐ I have enclosed the deposit of \$50 for each child on this form.

☐ I have completed a camper registration form for each child and enclosed them.

I hereby certify that the following information given in this application form is true, correct and complete to the best of my knowledge. I understand that this scholarship is subject to review.

Print Name: _____ Signature: _____ Date (M/D/Y): _____

If your supporting documentation and minimum \$50 deposit are not attached, this application will not be considered