



Chance 2 Camp Application 2017

DAY CAMP APPLICATION

Chance 2 Camp will fund a maximum of 2 weeks of camp per child.
 Parental contribution of \$20 for the first child is required – Every child after that is \$15 each,
 with a maximum of \$50.

Verification of Application must be completed by Day Camp Organization
 and returned with your application to Chance 2 Camp.

Financial information as outlined on this application is also required.

Step 1 – Eligibility

Before you begin, determine your eligibility:

Eligibility for the program is based on your household size and total family income. Please determine if you are eligible. Please circle your household size and maximum income level.

Total Family Household Size	Maximum Allowable Total Family Income
2	\$35,498
3	\$42,322
4	\$50,135
5	\$56,111
6	\$62,549
7+	\$68,986

Step 2 – Personal Information

Name(s) of Child(ren):		Birth date(s):	
1)	Male Female	1)	
2)	Male Female	2)	
3)	Male Female	3)	
4)	Male Female	4)	
Custodial Parental Information			
Mother/Guardian:		Father/Guardian:	
Last Name		Last Name	
First Name		First Name	
Address:		Address:	
City:		City:	
Postal Code:		Postal Code:	
Phone – Home: _____		Phone – Home: _____	
Work: _____		Work: _____	
Email:		Email:	
<input type="checkbox"/> I have full custody <input type="checkbox"/> I share custody *I have a live in partner other than the child's Father: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> I have full custody <input type="checkbox"/> I share custody *I have a live in partner other than the child's Father: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Step 3 – Financial Information

Total Family Income: Please indicate your total family income for 2016 from ALL sources. Include employment income, child support, EI Benefits, Income Security etc. Please supply copies of financial documents, summary sheet from 2016 income tax preferred. If custody is shared, please submit income information for both parents.

Income Source	Mother/Guardian	Father/Guardian
Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Where:		
Annual Wages/Salary	\$	\$
Income Assistance, Employment Insurance?	\$	\$
Child Maintenance Received	\$	\$
Other	\$	\$
Total Annual Income from ALL sources	\$	
Number of children living in home:	Number of children applying for 'Chance 2 Camp' Funding:	

Alternative Contact Information:

If you want the Camp Coordinator to speak with someone other than yourself regarding your child(ren)'s application, please indicate:

Name: _____ Phone # _____

Relationship to Child: _____

Please send completed forms to:

Chance 2 Camp

C/O Child & Family Services of Central Manitoba
25 – 3rd Street SE, Portage la Prairie, MB R1N 1N1

Phone: 204-857-8751 Fax: 204-239-1413

Toll Free: 1-888-339-3576

Web site: www.cfscmfoundation.com

Additional applications can be downloaded from our website.