



# Chance 2 Camp Application 2018

## 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

**\*\*PLEASE SUBMIT VERIFICATION OF INCOME (LAST YEAR'S INCOME TAX SUMMARY) WITH YOUR APPLICATION**

### Parental Contribution:

1<sup>st</sup> child attending camp: \$20.00 – Every child after that: \$15.00 each  
 Maximum parental contribution of \$50.00

**\*\*PLEASE SUBMIT WITH YOUR APPLICATION**

For example: If you have 2 children attending camp your family contribution would be \$35.00.

**\*\* APPLICATIONS WILL NOT BE PROCESSED WITHOUT VERIFICATION OF INCOME AND THE PARENTAL CONTRIBUTION**

## Step 2 – Personal Information

Name(s) of Child(ren) attending camp:	Male	Female	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: _____ First Name: _____	Last Name: _____ First Name: _____
Address: _____ City: _____ Postal Code: _____	Address: _____ City: _____ Postal Code: _____
Phone: Home - _____ Work - _____ Cell - _____	Phone: Home - _____ Work - _____ Cell - _____
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 mother <input type="checkbox"/> Yes <input type="checkbox"/> No

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: _____



### Step 3 – Financial Information

Total Family Income: Please indicate your total family income for 2017 from ALL sources. Include any supporting documentation (must include the summary sheet from 2017 income tax).  
If custody is shared, please submit income information for both parents.

Total Annual Income from ALL sources

\$

Total Family Income: **Please check all that apply**

- Annual Wage/Salary
- Income Assistance
- Employment Insurance
- Child Maintenance
- Other. Please describe: \_\_\_\_\_

**Please provide documentation for any of the indicated income sources above; must include 2017 income tax summary sheet.**

### Step 4 – Camp Information

Which camp are you interested in?

Please attach your camp registration form(s) to your Chance 2 Camp application. Descriptions and registration forms for each camp are listed on our website, [www.cfscmfoundation.com](http://www.cfscmfoundation.com), or are available at our offices in Portage la Prairie and Winkler.

Will your children require a sleeping bag?  Yes  No

#### THINGS YOU NEED TO KNOW:

- An application does not guarantee a camp sponsorship for this camping season.
- Parental contribution and verification of income must be received before application will be processed
- Sponsorship maximum per child is \$400.00. There is no limit on the number of children sponsored from one family. If a camp fee exceeds \$400.00 the balance is the responsibility of the family.
- Chance 2 Camp only sponsors children to attend Manitoba camping Association Accredited Camps.
- **We have limited funds so get your applications in as soon as possible.**

**All applications will be processed by the Chance 2 Camp Coordinator.  
Families should not apply directly to the camp!**

#### Special Circumstances:

If you do not own a vehicle, and have no one you can ask to drive your child to camp at time of making this application, please indicate. A volunteer driver may be available to assist you.

My child will require transportation

The camp coordinator will call you regarding this request.





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**Declaration:**

I, the undersigned, agree to the following conditions:

- a) I am a resident of the Central Region of Manitoba.
- b) My child(ren) will not be receiving any additional camperships this year and will not be attending any camp sessions other than the one sponsored by Chance 2 Camp.
- c) I will inform the Chance 2 Camp Coordinator of any cancellations or changes to my child(ren)'s camp session date with at least 2 week's notice or else my parental contribution will **not** be refunded.
- d) My child(ren) is/are between the ages **6-17**.
- e) If my child(ren) is/are sent home from camp early, my parental contribution will **not** be refunded.

I have read and understand these conditions and declare all above information to be true.

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

Relationship to child: \_\_\_\_\_

It is important for us to know how your child(ren) experience camp this summer. Can we contact you to discuss your thoughts about what going to camp meant to you and your child?  Yes  No

How were you made aware of the Chance 2 Camp Fund?

Newspaper  Radio  Friend  School  Poster  Agency/Worker

**Personal Information:**

The people who help us fund the Chance 2 Camp Fund want to know that their donations and contributions are making a difference and often ask us for short stories from sponsored campers and/or their families that demonstrate that. Please take a few minutes to explain below what the Chance 2 Camp Fund means to your family or how we have helped:

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**Please send completed forms to:**

Chance 2 Camp

C/O Child & Family Services of Central Manitoba

25 – 3<sup>rd</sup> Street SE, Portage la Prairie, MB R1N 1N1

Phone: 204-857-8751 Toll Free: 1-888-339-3576 Fax: 204-239-1413

Web site: [www.cfscmfoundation.com](http://www.cfscmfoundation.com)

Additional applications can be downloaded from our website.

