

# IAWAH CampKids

## Bursary Application



Each application is considered on an individual family basis. In order to assist as many families as possible, the amount of bursary for each individual camper will not normally exceed 50% of the registration fee for one camp session. The committee meets frequently to review applications. References will be contacted during this review process. Once decisions have been made, families will be notified by the Registrar and invited to complete the registration process.

### Parent/Guardian Information:

Name: \_\_\_\_\_

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

Is there a second parent in the home? Yes \_\_\_ No \_\_\_ Annual Household Income: \$ \_\_\_\_\_

Number of children in the home: ages 0-4 \_\_\_\_\_, ages 5-10 \_\_\_\_\_, ages 11-15 \_\_\_\_\_, ages 16+ \_\_\_\_\_

Will children or family be attending any camps other than IAWAH this summer? If so, please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Bursary Request for Campers:

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_ Camp Session: \_\_\_\_\_

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Child Name: \_\_\_\_\_ Age: \_\_\_\_\_ Camp Session: \_\_\_\_\_

Total Bursary Amount Requested: \$ \_\_\_\_\_

***Please attach a brief explanation of why you are requesting financial assistance.***

Reference: (Pastor, Church Worker, Teacher/Professional, IAWAH Board/Corporation Member)  
Please name an individual who can verify that you do qualify for financial assistance.

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Eve. Phone: \_\_\_\_\_

**To expedite the process, please submit this bursary application, your explanation, and a completed registration form. (Registration forms can be downloaded from the website [www.iawah.com](http://www.iawah.com).) Forms may be submitted either by fax, scanned email or postal mail.**

Please send to the attention of:  
Shelley Vanderschuit, Director of Administration ([admin@iawah.com](mailto:admin@iawah.com))  
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Phone: 613 273 5621 x710