



Sparrow Lake United Church Camp

Registration Office
PO Box 10039
Alliston, ON L9R 0B7
Tel: 705 434-2113 Fax: 416 283-7975
slcregistrar@sparrowlakecamp.com

CAMPERSHIP FUND APPLICATION FORM

Please complete by answering all the questions and returning the signed form to the above address as soon as possible. THIS SECTION MUST BE COMPLETED IN ORDER TO BE CONSIDERED FOR SPONSORSHIP.

Name of Camper _____

Date of Birth _____
(dd/mm/yyyy)

Address _____ City _____

Province _____ Postal Code _____

Parent/Guardian _____

Home Phone _____ Bus. Phone _____

Have you previously been sponsored by the SLC Campership Fund? YES / NO

Which session do you wish to attend?

Family Unit Size:

Number of campers in family requesting assistance:

Average net family income per month:

Special Expenses (medical, drugs, tuition, etc):

Amount Parent(s)/Legal Guardians could afford to contribute toward camp fees for the camp period selected?

IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED, PLEASE ENCLOSE A COPY OF YOUR INCOME TAX RETURN 2009. THIS INFORMATION WILL REMAIN CONFIDENTIAL.

General Information:

References: Two letters of reference **MUST** accompany any application from a CAMPER (examples of references include: teacher, community leader, guidance counselor, minister, friend - **no relatives**)

To parents:

1. The above information is true and correct.
2. Authorization is hereby given to the Sparrow Lake Camp to obtain such credit information from others, as permitted by law, at any time in connection with the Bursary hereby applied for.

Signature of custodial parent/guardian:

Date: _____



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CAMPERSHIP FUND APPLICATION PART B - SPONSOR #1

I recommend _____(camper's name) for financial assistance from the Sparrow Lake Camp Campership Fund.

Please give a brief reason:

To the best of my knowledge all of the above information is accurate.

Name of Sponsor _____

Phone # _____

Occupation _____

Date _____

Signature _____



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CAMPERSHIP FUND APPLICATION PART B - SPONSOR #2

I recommend _____(camper's name) for financial assistance from the Sparrow Lake Camp Campership fund.

Please give a brief reason:

To the best of my knowledge all of the above information is accurate.

Name of Sponsor _____

Phone # _____

Occupation _____

Date _____

Signature _____