

SUMMER CAMP 2018 SCHOLARSHIP APPLICATION FORM

Box 660, Sundre, AB, T0M 1X0 Toll-free: 1-888-511-2660 Fax: (403) 638-4041

E-mail: registration@pioneercamps.ab.ca

			website: www.pioneercampaiberta.ca	
CA	MPER	INFORMATION		
Camper's Name:		Camp Attending:		
Has the camper received a Pioneer Camp So	cholarship b	efore? □ Yes □ No If y	res, what year?	
PAREN'	T/GUAR	DIAN INFORMATIO	ON	
Parent/Guardian Name(s):				
Phone Number:				
Are you a single parent? ☐ Yes ☐ No				
re the parents working? Father: Yes No Occupation:				
Mother: ☐ Yes	□ No Occ	cupation:		
Comments:				
Is Social Assistance being received? ☐ Yes	Ofte		eive some help from them for	
FIN	IANCIA	L INFORMATION		
Camp Fee Only \$_		- Note: Our scholarship	funds are limited. Scholarships are	
Amount parent(s) is/are able to supply \$_		given to help cover the	cost of the camp fee only (this does	
Amount Social Services will supply \$_		not include taxes.)		
Amount from other sources \$_			Please request the smallest amount possible so that w	
Total Scholarship Requested \$_		can help many campers attend camp.		
SCH	OLARSI	IIP INFORMATION		
Scholarships are awarded on the basis of fithan half of the camp fee.			to provide a scholarship of not more	
In order to hold a spot for your son/dau accompany this scholarship application				

money is in place, scholarship applications will be processed and notices sent out. Scholarship application deadline is June 30, 2017.

I/We make application for a scholarship as indicated on this form. I/We realize that scholarships are subject to funds available and that awards will be made in an equitable fashion at the discretion of the Executive Director and Office Manager.

Parent's/Guardian's Signature:	D	ate:
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Thank you for your interest in Pioneer Camp Alberta.

Office Use Only:	Amount Approved:		_
Approved by:		Date:	