

SPINA BIFIDA & HYDROCEPHALUS ASSOCIATION OF BRITISH COLUMBIA
Suite 228, 102-15910 Fraser Highway, Surrey B.C. V4N 0X9
Tel. (604) 878-7000 Fax (604) 677-6608

CAMP SUBSIDY FUND -FINANCIAL ASSISTANCE APPLICATION

We have set aside \$6000.00 from our budget this fiscal year (2016-2017) to offer camp subsidies for people with Spina Bifida and / or Hydrocephalus.

The purpose of this fund is to provide opportunities for people to experience camp who may otherwise not be financially able to do so. A maximum grant of 75 % of the registration fee is available up to a maximum of \$400 .00. This is available to active members of SBHABC to assist with the costs of an approved summer camp.

A financial assistance application must be submitted to SBHABC for approval. Approved Funds will only be paid to the activity provider or family upon receipt of an invoice.

DATE: _____ MEMBERSHIP EXPIRY DATE: _____

NAME OF PERSON MAKING REQUEST: _____

NAME OF PERSON FOR WHOM THE REQUEST IS BEING MADE (if different from above):

ADDRESS: _____

PHONE - HOME: _____ WORK: _____ Cell: _____

EMAIL ADDRESS: _____

Camp Program Information

| Length & Type of program | Provider | Quotes (Attached) | Additional costs (eg. taxes,) |
|-------------------------------------|-----------------|------------------------------|---|
| | | | |
| | | | |
| Totals | | | |

Please state how this activity will enhance the life of the recipient.

Name of Supporting Professional (Therapist, Physician, Teacher, Social Worker, etc.)

NAME: _____ POSITION: _____

AGENCY: _____ PHONE: _____

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Have you attached:

___ quote from camp provider

Since the monies for the Camp Subsidy Fund are derived in the most part from the volunteer fundraising efforts of the members of the association, it is strongly encouraged that the recipient (and/or their family) of the monies make a commitment of volunteer time to support the SBHABC where possible.

NOTE: All submissions are subject to review and funds will be awarded according to monies available within the association's allotted budget. **Members must apply before committing to any activity.** Please keep a copy of all information for your own files.

SBHABC does not endorse any activities, and shall not be held liable for any personal injury or property damage caused by the participation of funded activities.

Donations to the Camp Subsidy Fund can be made payable to SBHABC and identified as "Donation to the Camp Subsidy Fund".

Tax receipts will be issued for charitable donations.

Signature: _____ Date: _____