

Guidelines & Application

Before submitting an application to the Camp Scholarship Program, please note the following:

- Applications are accepted on a rolling basis.
- Only requests submitted on this form will be considered for funding.
- All camp candidates for consideration must be under the age of 18.
- Camp candidates must be patients in active treatment or remission from life threatening illness, OR
- Camp candidates may be dependents of a parent/guardian in active treatment for a life threatening illness.
- When reviewing applications, a camp candidate's remission date will be taken into consideration for funding.
- A maximum of \$500 may be approved per camp candidate, per year. A Camp Scholarship place may be at any camp of the applicant's choosing (within Canada).
- All successful recipients of a Camp Scholarship will receive a complimentary camp backpack
- All applications must be legible. If illegible, applications will not be considered for funding.
- Section 1: Complete the Family Information section of the application, being sure to complete all questions, including family income.
- Section 2: Complete the Health Information section of the application, being sure to complete the Referring Health Care Professional contact information.
- Section 3: Complete the Camp Information section of the application, being sure to include the total payable amount, the type of camp and the camp's name and address.
- Section 4: Include a copy of the camp invoice or registration form. If a copy of the invoice or registration form is not attached, the application will not be considered for funding.
- Section 5: Include a brief narrative from an appropriate Health Care Professional, describing the patient's situation, impact on the camp candidate, the family's need and any further information to support the application.
- Section 6: Applications must be reviewed, signed and dated by both the Parent/Guardian and Health Care Professional.
- All Health Care Professionals will receive notification (approved or declined applications) via email.
- Cheques will be made payable to each camp and sent to the family for distribution and delivery.

Applications may be mailed, faxed or emailed:

*Attn: Camp Scholarships
Shine Through The Rain Foundation
1211 Gorham Street, Unit 12
Newmarket, ON L3Y 8Y3
Fax: 905.477.4251
Email: program.services@shinethroughtherain.ca*

Phone 905-477-7743
Toll-Free 1-866-753-0303
Fax 905-477-4251

Email info@shinethroughtherain.ca
Web www.shinethroughtherain.ca

**1211 Gorham Street, Unit 12
Newmarket, ON L3Y 8Y3**

Section 1: Family Information

Camp Candidate Name: _____

Birth Date: _____ Gender: Male Female

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: (____) _____

Email Address: _____

Name of Parent(s)/Guardian(s): _____

Total yearly family income: _____

Section 2: Health Information

Patient Name (if different to above): _____ Relationship to Camp Candidate: _____

Diagnosis: _____

Date of Diagnosis: _____ Remission Date: _____

Name of Physician/Oncologist: _____

Hospital/Treatment Facility: _____

Referring Health Care Professional: _____

Telephone: (____) _____ Fax: (____) _____

Email Address: _____

OFFICE USE ONLY

Approved by: _____ Date: _____

Amount: _____ Payable to: _____

Amount Available: _____ Amount Remaining for This Year: _____

Notified SW/N on: _____ By Email: _____ By Phone: _____

Camp Backpack sent Yes No Date sent: _____

Section 3: Camp Information

Total Cost: _____ Type of Camp: _____

Name of Camp: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Date of Camp: _____

Section 4: Copies Camp Invoice

Please attach a copy of the camp invoice and/or registration form for the chosen camp. *Note: this supporting documentation is essential for the application to be considered.*

Section 5: Narrative

Please attach a brief narrative from an appropriate Health Care Professional, describing the patient's situation, impact on the camp candidate, the family's need and any other relevant information that may serve to support the application.

Section 6: Review and Sign

I have reviewed this application and confirm that, to the best of my knowledge, this information is true and correct.

Parent/Guardian Name (PRINT): _____

Parent/Guardian Signature: _____

Date: _____

Health Care Professional Name (PRINT): _____

Health Care Professional Signature: _____

Date: _____