



**Shine
Through
the Rain**
Foundation

SUPPORTED BY



2018 Jumpstart Sport Camp Scholarship Application

In order to be considered for funding through the Camp Scholarship Program, please follow these instructions:

- Applications are accepted on a rolling basis.
- Only requests submitted on this form will be considered for funding.
- All patients must be between the ages of 4 and 18 years of age to qualify for consideration.
- Eligible sport camps are: soccer, swimming, baseball, basketball and community centres.
- Each camp must run for a minimum of 15 hours, over 5 days per week, and 3 hours or more per day.
- When reviewing applications, the child's date of remission will be taken into consideration for funding.
- A maximum of \$500 may be approved per child, per year.
- 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 Social Worker/Child Life Specialist contact information.
- **Section 3:** Complete the Camp Information section of the application, being sure to include the total 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 describing the child's situation, the family's need and any other relevant information.
- **Section 6:** Applications must be reviewed, signed and dated by both the Parent/Guardian and the Social Worker/Child Life Specialist.
- **Section 7 & 8:** These sections must be reviewed, signed and dated by the Parent/Guardian.
- **Section 9:** This section must be reviewed, agreed to, signed and dated by the Parent/Guardian.
- All Social Workers/Child Life Specialists 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 to the following locations:

Mail:

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

Charity Registration # 89188 1005 RR0001

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Section 1: Family Information

Patient's Name: _____

Birth Date: _____ Gender: Male _____ Female _____ Non Binary _____ Two Spirit _____

Does child identify as Indigenous? Yes No

Does child live in a remote community? Yes No

Does child live in a priority neighbourhood? Yes No

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: (____) _____

Email Address: _____

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

Total yearly family income: _____

Section 2: Health Information

Diagnosis: _____

Date of Diagnosis: _____ Remission Date: _____

Name of Physician/Oncologist: _____

Hospital/Treatment Facility: _____

Referring Social Worker/Child Life Specialist: _____

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

Email Address: _____

| |
|--|
| <p>Approved by: _____ Date: _____</p> <p>Amount: _____ Payable to: _____</p> <p>Amount Available: _____ Amount Remaining for This Year: _____</p> <p>Notified SW/N on: _____ By Email: _____ By Phone: _____</p> <p>Camp Backpack sent <input type="checkbox"/> Yes <input type="checkbox"/> No Date sent: _____</p> |
|--|

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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

Attach a copy of the camp invoice and/or registration form being considered for funding.

Section 5: Narrative

Attach a brief narrative describing the child's situation and any other relevant information.

Section 6: Review and Sign

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

Parent/Guardian Signature: _____

Date: _____

Social Worker/Child Life Specialist: _____

Date: _____

Section 7: Funder Collection of Information

I consent to release application information to Canadian Tire Jumpstart Charities, to ensure program meets criteria.

Parent/Guardian Signature: _____

Date: _____

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Section 8(a): Sport Camp Criteria

I have reviewed and confirm the sport camp meets the following requirements (please check all that apply):

- Soccer, or
- Swimming, or
- Baseball, or
- Basketball, or
- Community centre
- Camp runs a minimum of 15 hours
- Camp runs 5 days per week
- Camp runs a minimum of 3 hours per day

Parent/Guardian Signature: _____

Date: _____

Section 8(b): Sport Camp Criteria Copy of Description

I have enclosed a photocopy of the sport camp criteria, listing all criteria noted in Section 8(a).

Parent/Guardian Signature: _____

Date: _____

Section 9: Pre-Camp Survey and Post-Camp Survey

I have reviewed and agree to submit to Shine Through the Rain Foundation (STTR) a Pre Camp Survey (provided by STTR) with this application, AND a Post Camp Survey (provided by STTR) within 14 days after the completion of the sport camp.

Parent/Guardian Signature: _____

Date: _____

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Section 10: Testimonial and Picture

I agree to provide Shine Through the Rain Foundation with a testimonial and picture to the benefits of the Jumpstart Sport Camp Scholarship program to share with Jumpstart Canadian Tire Charities (please check answer; if "yes", please provide within 14 days of camp's last day): Yes No

Parent/Guardian Signature: _____

Date: _____

Section 11: Jumpstart Use of Testimonial and Picture

I agree to Jumpstart's use of the testimonial and picture on their social media and/or website (please check answer): Yes No

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