



## 2012 Camp Scholarship Guidelines and Application

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

1. Applications are accepting on a rolling basis.
2. Only requests submitted on this form will be considered for funding.
3. All patients must be under the age of 18 to qualify for consideration.
4. When reviewing applications, the child's date of remission will be taken into consideration for funding.
5. A maximum of \$550 may be approved per child, per year.
6. All applications must be legible and easy to read. If illegible, applications will not be considered for funding.
7. Section 1: Complete the Family Information section of the application, being sure to complete all questions, including family income.
8. Section 2: Complete the Health Information section of the application, being sure to complete the Referring Social Worker/Child Life Specialist contact information.
9. 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.
10. 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.
11. Section 5: Include a brief narrative describing the child's situation, the family's need and any other relevant information.
12. Section 6: Applications must be reviewed, signed and dated by both the Parent/Guardian and the Social Worker/Child Life Specialist.
13. Applications may be mailed, faxed or emailed to the following location:
  - a. Mail: Children's Cancer Recovery Foundation  
Attn: Camp Scholarship  
107-16 Esna Park Drive  
Markham, ON L3R 5X1
  - b. Fax: 905.477.7743  
Attn: Camp Scholarship
  - c. Email: [program.services@cancerrecovery.ca](mailto:program.services@cancerrecovery.ca)
14. All Social Workers/Child Life Specialists will receive notification (approved or declined applications) via email.
15. Cheques will be made payable to each camp and sent to the family for distribution and delivery.



## 2012 Camp Scholarship Application

### Section 1: Family Information

Patient's 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

Diagnosis: \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_ Remission Date: \_\_\_\_\_

Name of Physician/Oncologist: \_\_\_\_\_

Hospital/Treatment Facility: \_\_\_\_\_

Referring Social Worker/Child Life Specialist: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

### Section 3: Camp Information

Total cost: \_\_\_\_\_ Type of camp: \_\_\_\_\_

Name of camp: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip 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 \_\_\_\_\_

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Email: [program.services@cancerrecovery.ca](mailto:program.services@cancerrecovery.ca)