



SUMMERFEST CAMP PROGRAM

An integrated camping experience for children with seizure disorders.

Sponsored by Epilepsy Ontario

2017 SPONSORSHIP REQUEST FORM

A limited number of sponsorships are available to families in need of financial assistance.

Applications must be received by **March 15, 2017**.

Application Date: _____

Name(s) of Parent/Guardian: _____

Mailing Address (Street, City, Province, Postal Code):

Phone Number (day time): _____

Camper(s) Name: _____

Age and Date of Birth: _____

PLEASE NOTE: To be eligible for sponsorship, you must complete this application **in full** (two pages) and return it to Epilepsy Ontario and you **MUST** be a current member of your local Epilepsy Ontario chapter.

2017 SUMMERFEST SPONSORSHIP REQUEST FORM - CONFIDENTIAL

To be eligible for sponsorship, you must answer ALL questions and be a member of your Local Epilepsy Agency

This information page will be reviewed by the Selection Committee. Please use a separate sheet for each child applying, but indicate that the children are related.

1. What is the total of your monthly fixed expenses? _____
2. Do you or any of your children receive any financial assistance from the government? _____
If yes, how much per month? _____
3. What was your net family income (include any type of allowances) for 2016? _____
4. Do you have current membership at your local Epilepsy Agency? _____
Which one? _____
5. Have you applied to any other organizations for financial support? If yes, please list _____

6. We are applying for assistance for the following session (total fee listed). Please rank:

- _____ Session 1: July 2 - 14, 2017 = \$1,579.00 + tax (does not include mentoring fee)
_____ Session 2: July 16 – 28, 2017 = \$1,579.00 + tax (does not include mentoring fee)
_____ Session 3 July 30 – August 11, 2017 = \$1,579.00 + tax (does not include mentoring fee)
_____ Session 4: August 13 – 25, 2017 = \$1,579.00 + tax (does not include mentoring fee)
_____ Session 5: August 27 – September 1, 2017 = \$775.00 + tax (does not include mentoring fee)
= \$1,225.75 (one week + one-on-one mentoring)

7. Our family will be able to contribute \$ _____ (deposit + any mentoring fee is separate).

8. We would like Epilepsy Ontario to consider us for: \$ _____

9. Please briefly state your reasons for seeking sponsorship: _____

10. Any other comments? _____

Signature: _____

Date: _____