



# SUMMERFEST CAMP PROGRAM

An integrated camping experience for children with seizure disorders.

Sponsored by Epilepsy Ontario

## 2018 SPONSORSHIP REQUEST FORM

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

Applications must be received by **March 15, 2018**.

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.

2018 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 2017? \_\_\_\_\_
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 1 - 13, 2018        | = \$1,660.00 + tax (does not include mentoring fee)  |
| _____ Session 2: July 15 – 27, 2018       | = \$1,660.00 + tax (does not include mentoring fee)  |
| _____ Session 3 July 29 – August 10, 2018 | = \$1,660.00 + tax (does not include mentoring fee)  |
| _____ Session 4: August 12 – 24, 2018     | = \$1,660.00 + tax (does not include mentoring fee)  |
| _____ Session 5: August 26 – 31, 2018     | = \$815.00 + tax (does not include mentoring fee)    |
|   | = \$1,165.00 + tax (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: \_\_\_\_\_