

## **SUMMERFEST CAMP PROGRAM**

An integrated camping experience for children with seizure disorders.

Sponsored by Epilepsy Ontario

## 2024 SPONSORSHIP REQUEST FORM

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

Applications must be received by March 31, 2024.

Application Date:

Name(s) of Parent/G	uardian:	
Mailing Address (Str	reet, City, Province, Postal Code):	
	time):	
Camper(s) Name:		-
Age and Date of Birt	h:	-
PLEASE NOTE:	To be eligible for sponsorship, you must complete this applicate <b>full</b> (two pages) and return it to Epilepsy Ontario and you <b>MU</b> st current member of your local Epilepsy Ontario chapter.	



## 2024 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 2023?		
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: June 30–July 12, 2024 = $$2,508.00 + tax$ (does not include mentoring fee)		
	Session 2: July $14 - 26$ , $2024 = $2,508.00 + tax$ (does not include mentoring fee)		
	Session 3 July 28 – August 9, 2024 = \$2,508.00 + tax (does not include mentoring fee)		
	Session 4: August $11 - 16$ , $2024$ (5nights) = $\$1,130.00 + \tan$ (does not include mentoring fee)		
	= \$1,530.00 + tax (one week + one-on-one mentoring)		
	Session 5: August 18 – 22, 2024 (4nights) = \$904.00 + tax (does not include mentoring fee)		
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?		
Si	onature: Date:		