

**CAMP
CAROWANIS
SUMMER 2017**

**FINANCIAL
ASSISTANCE
REQUEST**

CONTACT US:
306, St-Zotique East, suite 100, Montréal, QC, H2S 1L6
Phone: 514-731-9683 / Toll free: 1-800-731-9683
Fax: 514-731-2683 / www.diabete-enfants.ca
Email: carowanis@diabete-enfants.ca



2017 Financial Assistance Request

We are hereby providing you with a confidential financial assistance form **applicable to your diabetic child's stay only, excluding registration and transportation fees.**

IMPORTANT: Requests for full or partial financial assistance will be treated with the strictest confidentiality. **However, since we need to calculate from the low-income threshold set by Statistics Canada you will have to submit proof of your annual gross family income** (*notice of income-tax assessment or a copy of your income-tax return*).

Since 1958, Camp Carowanis offers all diabetic children an educational and enriching outdoor experience. Families can benefit from financial aid offered by le ministère de l'Éducation, du Loisir et du Sports through « Programme d'assistance financière à l'accessibilité aux camps de vacances » according to your family income

Our financial burden has steadily increased over the years, and with full understanding of your financial situation, we urge you to seek other valuable opportunities to reciprocate your support to Camp, either through volunteer work or the contribution of services.

Thanking you, in advance, for your cooperation,

Warm regards,

Danielle Brien
Executive Director
Camp Carowanis



2017 CONFIDENTIAL FINANCIAL ASSISTANCE FORM

Applicable to your diabetic child's stay only, excluding registration fees and transportation fees.

The information you provide will in no way compromise your child's acceptance and will be treated in all confidentiality. Please return the form as soon as possible to:

Camp Carowanis, 306 St. Zotique St. East, Suite 100, Montreal, QC H2S 1L6

by fax to : 514-731-2683 or by

Email to: jbedard@diabete-enfants.ca

| | |
|-----------------------|---|
| CAMPER'S NAME : _____ | DATE OF BIRTH: / / Day Month Year |
|-----------------------|---|

CAMP CAROWANIS 2017

Mandatory fees to pay: \$160 + \$ _____ = \$ _____
Registration + Transport

Assistance requested : \$ 1 000 - \$ _____ = \$ _____
Camp fees - Amount the family can pay = Assistance requested

Social Security Revenue Number (if applicable): _____

Number of adults in household: _____ **Number of children in household:** _____

Household income:

Include wages of all members of the household, Social Security revenue, pensions, child support, alimony, unemployment, and any other income.

Annual gross income *: _____

***You must submit proof of your annual gross family income: notice of income-tax assessment or a copy of your income-tax return in order to be considered for financial assistance.**

The space provided below allows you to explain any outstanding circumstances that may apply to you or your family situation. Each case will be treated individually.

| | |
|------------------------------------|---|
| FOR ADMINISTRATION USE ONLY | <input type="checkbox"/> I wish to be contacted for volunteering (postage, day chores, etc.) <input type="checkbox"/> I can't do volunteering because of : _____ _____ |
| | Signature _____ Date _____ (Mother / Father / Leagal Guardian) (Day) (Month) (Year) |