



Sunshine Fund  
c/o Manitoba Camping Association  
302-960 Portage Avenue  
Winnipeg, MB R3G 0R4  
www.mbcamping.ca

Phone: (204) 784-1130  
Fax: (204) 784-4177

# Send Your Child to a Camp of Your Choice for as Little as \$25\*

## *2009 Sunshine Fund Application Procedures*

*"The mandate of the Sunshine Fund is to provide financial assistance to financially challenged families to send their children to summer camp."*

Upon approval, the Sunshine Fund will provide financial subsidy for a single camp session per child, to a maximum value of \$700 per child (\$1050 if attending a camp session that is 15 days or more).

### **The steps to apply for Sunshine Fund assistance are as follows:**

#### **1. Contact the Camp**

Review the 2009 Accredited Camp list and contact a few of the camps. Ask the camp to mail their camp brochure and application forms to you. (NOTE - an Accredited Camp is a Manitoba Camping Association member camp that has passed strict Provincial Standards of Safety set forth by the MCA Board).

#### **2. Select Camp & Complete Camp Application Form**

After reviewing the camp brochures, select the Accredited Camp your child/children would like to attend, complete a camp application form for **each** child, and sign the form. It is strongly suggested to complete a 2nd choice camp application and sign it, in case we cannot place your child/children in their first choice.

#### **3. Complete Sunshine Fund Application Form**

**Complete** the Sunshine Fund application form and **sign it** upon following review of the policies and procedures.

#### **4. Include Parent Contribution (See Attached Chart for Percentage Payable based on Income)**

**\*\*\*All Sunshine Fund Applications will be considered regardless of ability to pay the Full Parent Contribution Payment\*\*\***

Payment can be made by cash, cheque, visa or money order. Cheques should be made payable to: **Sunshine Fund** (NSF cheques will result in your child's application being **returned!!**)

#### **5. Include Income Verification & Manitoba Health Card (Copy)**

Provide income verification by sending in a photocopy or original of the following to give us a picture of your total financial situation: **current employment or social allowances benefit stub, income summary of 2008 income tax return, or verification of child support payments.** We need to understand and be aware of your financial situation in order to be able to provide assistance and to determine your parental contribution costs.

#### **6. Complete, Sign & Mail All of the Following Forms to the Sunshine Fund Office**

- a) the Camp application form(s) (step #1 & #2)
- b) the Sunshine Fund Application form (step #3)
- c) your Parent Contribution towards this camp experience (step #4)
- d) Income Verification & Manitoba Health Card Copy (step #5)
- e) a letter indicating why your child wants to go to camp (you or your child can write it).

***Please ensure that your child/children will not be attending any other camp session in 2009***

## Sunshine Fund Policies & Procedures

1. Any questions regarding the camp your child/children would like to attend should be referred to that camp office (camp phone numbers are on the 2009 MCA Accredited Camp list). Questions regarding the Sunshine Fund can be referred to the Sunshine office at 784-1130.
2. The application will be processed at the Sunshine Fund office once **ALL** the required forms are completed (as indicated above). You will then be notified as to the possibility of assistance for your child/children. Once assistance has been approved, the camp application and a Sunshine Fund form authorizing funding will be sent to the camp your child will be attending. You will receive a letter of campership approval from our office.
3. When you receive our approval letter, contact the **CAMP** your child will be attending, reconfirm the camp session dates, and ask any other questions you might have about the camp experience.

### **Please review all of the following to indicate that you have read & understand:**

- Upon approval, the Sunshine Fund will provide financial subsidy for a single camp session per child, to a maximum value of \$700 per child (\$1050 if attending a camp session that is 15 days or more).
- Parent Contributions are non-refundable for cancellation less than 30 days of camp commencement, for children who do not attend camp without notice, or for children sent home from camp. A \$25.00 non-refundable Administration Fee applies to all approved applications in the event of a cancellation more than 30 days prior to camp commencement.
- Sponsorship may be refused/cancelled if:
  - Payment of a required Parent Contribution is not complete 30 days prior to commencement of camp.
  - Payment of a required Parent Contribution was not completed in a previous year.
  - Sponsorship was previously granted and the child was sent home for poor behavior, or
  - Sponsorship was previously granted and the child did not show up at camp.

\*You must notify the Sunshine Fund office immediately if your child/children cannot attend the camp sessions he/she has been funded for. By doing so, we can try to arrange for another child to fill that spot for that camp session. Parent contributions will not be refunded if your child/children are sent home from camp (unless due to a medical or family emergency).

### **Please ensure the following is complete and all required documentation is submitted with this application:**

- This Application Form is completed and has been signed.
- A Camp Registration Form for at least the first preference of each child (available directly from camps).
- Financial evidence: Photocopy of 2008 Income Tax Return (2007 if self employed) and evidence of child maintenance and other non-taxable income (excluding GST & Child Tax Benefit). If the current financial position is different from the 2008 Income Tax Return, **submit two current pay stubs from all employers and/or social allowance benefits stub**, and other proof of change of situation. Where the family applicant are new immigrants to Canada without Canadian tax history, provide proof of Application for Immigration as a refugee, or proof of application for immigrations as an independent immigrant or family sponsored immigrant, including financial evidence provided with that application.
- Photocopy of Manitoba Health Card (all children you are applying for **must** be listed on the card).
- A Parent Contribution amount of the total paid by the Sunshine Fund (excluding taxes, tuck/canteen, additional program activities) is included with this application.
- A letter from either you or your child indicating why they would like to attend summer camp.

<b>Office Use Only:</b> Date Received: _____ Child #: _____ Family #: _____ Parent Contribution Amount: \$ _____	<h2 style="margin: 0;">2009 APPLICATION FORM</h2>  <h1 style="margin: 0;">SUNSHINE FUND</h1> <p style="margin: 0;">sending kids to camp</p>	302-960 Portage Avenue Winnipeg, MB R3G 0R4 Phone: (204) 784-1130 Fax: (204) 784-4177 <a href="http://www.mbcamping.ca">www.mbcamping.ca</a>
--	--	--

# Send Your Child to a Camp of Your Choice for as Little as \$25\*

## Section I – Applicant Information

**Statistical Information:** Please check (✓) all the categories that apply to you or your family. This is for statistical purposes only and *will not be used in assessing eligibility for sponsorship.*

<input type="checkbox"/> Married	<input type="checkbox"/> Common Law	<input type="checkbox"/> Student	<input type="checkbox"/> Recent Immigrant (less than 4 years)
<input type="checkbox"/> Divorced	<input type="checkbox"/> Single Parent	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Receive Social Benefits: (EI benefits, welfare, etc)
<input type="checkbox"/> Separated	<input type="checkbox"/> Foster Parent/Guardian	<input type="checkbox"/> Metis	

### Details of Primary Parent (Mother/Father)/Guardian

### Details of Spouse or 2<sup>ND</sup> Parent (Mother/Father)

Last Name: _____ First Name: _____ Occupation: _____ If custodial parents are married, skip the rest of this section. <input type="checkbox"/> I have <b>FULL</b> custody <input type="checkbox"/> I <b>SHARE</b> custody Have you re-married or do you have a live-in partner? <input type="checkbox"/> YES <input type="checkbox"/> NO	Last Name: _____ First Name: _____ Occupation: _____ If custodial parents are married, skip the rest of this section. <input type="checkbox"/> I have <b>FULL</b> custody <input type="checkbox"/> I <b>SHARE</b> custody Have you re-married or do you have a live-in partner? <input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

**PLEASE NOTE: Partners of custodial parents (spouse or live-in) are required to supply financial information in order to assess eligibility.**

### Primary Contact Details for Correspondence

Name	Address	City	Province	Postal Code
Home Phone #	Work Phone #	Alternate Phone #	Email	
Do you have a Social/Case/Settlement Worker? Please include Name & Phone # of worker/agency (if applicable)				

### Children (use an additional sheet if more than 2 children)

### Accredited Camp Preferences

Name: _____ <input type="checkbox"/> Female <input type="checkbox"/> Male Birthday (M/D/Y): _____ Grade (Sept/09): _____ Special Needs: _____	1 <sup>st</sup> Choice: _____ 2 <sup>nd</sup> Choice: _____ 3 <sup>rd</sup> Choice: _____
Name: _____ <input type="checkbox"/> Female <input type="checkbox"/> Male Birthday (M/D/Y): _____ Grade (Sept/09): _____ Special Needs: _____	1 <sup>st</sup> Choice: _____ 2 <sup>nd</sup> Choice: _____ 3 <sup>rd</sup> Choice: _____

**Section II – Financial Status**

1. How many children live in the home? \_\_\_\_\_ Total family household size? \_\_\_\_\_

2. **Financial Details.** Please use the following chart to determine **TOTAL GROSS ANNUAL INCOME.**

- <\$10,000       \$10,000 - \$15,000       \$15,000 - \$20,000       \$20,000 - \$25,000       \$25,000 - \$30,000  
 \$30,000 - \$35,000       \$35,000 - \$40,000       \$40,000 - \$45,000       \$45,000 - \$50,000       >\$50,000

Monthly Income Source	1 <sup>st</sup> Custodial Parent/Guardian	1 <sup>st</sup> Parent's Partner/Spouse	2 <sup>nd</sup> Custodial Parent/Guardian	2 <sup>nd</sup> Parent's Partner/Spouse
Gross Wages/Salary				
Social Benefits				
Child Maintenance/Support				
Other				
<b>SUB TOTALS</b>				

Total Monthly Income: \$ \_\_\_\_\_ (ATTACH COPIES OF SUPPORTING DOCUMENTATION)

Monthly Expenses	1 <sup>st</sup> Custodial Parent/Guardian	1 <sup>st</sup> Parent's Partner/Spouse	2 <sup>nd</sup> Custodial Parent/Guardian	2 <sup>nd</sup> Parent's Partner/Spouse
Mortgage/Rent				
Heat/Electricity				
Water				
Food				
Misc./Other				
<b>SUB TOTALS</b>				

Total Monthly Expenses: \$ \_\_\_\_\_

**Section III – Parent Contribution** – (See Attached Chart for Percentage Payable based on Income)

Parent Contribution Amount: \$ \_\_\_\_\_

**Payment Method**

- Cheque/Money Order (*Payable to: Sunshine Fund*)       Cash       Visa

For Visa Payment only:	
Name as it appears on card: _____	
Card #: _____ - _____ - _____ - _____	Expiry Date ____ / ____
Signature authorizing Visa Payment: _____	

**Free Press Interviews:** All summer long the Winnipeg Free Press publishes articles on families who access the Sunshine Fund to help promote the Sunshine Fund and raise donations. Please indicate if you and your family would like to be interviewed.

- Yes - If Yes, has your family been interviewed previously? \_\_\_\_\_  No thank you       I would like more information

**By signing this form I declare that the income amounts listed represent All Income from all sources, the children will not be attending any other camp session in 2009, and that I have read, understood & adhere to the policies & guidelines associated with the Sunshine Fund.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Information collected for all applicants is stored and used by the Manitoba Camping Association's employees and/or volunteers to facilitate the Sunshine Fund and to administer the policies that govern the Association in accordance with the Manitoba Camping Association's Privacy Policy. The Manitoba Camping Association does not share the information we collect outside of our Association. Copies of this policy may be obtained by contacting the MCA Office. Signature above indicates understanding and agreement with the respect to the aforementioned use of personal information.