

# SAIT Camps Bursary Application Form

## Instructions and Rules

1. Complete a bursary application form, registration form(s) (one for each child) and supporting letters by email to [youth.programs@sait.ca](mailto:youth.programs@sait.ca) or in person at the SAIT Youth Programs office located in Room MB026, Stan Grad Building (lower level).
2. Bursary applications are assessed in the order they are received. We strongly encourage you to apply early. Please include up to three options in the application, and indicate various interests in the letter of intention.
3. A camp bursary will cover the full tuition of a one-day PD day camp (up to a maximum of five PD day camps), a one week summer camp, a one week spring break camp, or an evening youth program. Each bursary is limited to one camp per child. Families who would like to send multiple children are able to apply for one bursary per child.
4. Bursary funds are distributed on the basis of financial need and are granted to those who would not be able to attend even one camp without financial assistance. Enrolling and paying for your child to attend an additional SAIT camp when you have applied for and/or received a bursary, will result in your child being disqualified from bursary consideration and/or the cancellation of his/her bursary funding.
5. Although every effort is made to award a bursary to the camps selected in the application, there is no guarantee of space available in the preferred camps.
6. Please note that failure to attend a camp for which your child has received a bursary or families that do not provide required information (including a bursary thank you letter) may be considered ineligible for future bursaries.
7. Please note, the bursary program is not applicable for swimming lessons or children's fitness classes.

## All information is mandatory.

### 1. Parent/Guardian Information

First Name:  Last Name:

Preferred Phone:

Email Address:   
SAIT Camps uses email as its primary contact method.

Mailing Address:

City:  Province:  Postal Code:

A) Have you applied for a SAIT Camps Bursary before?  Yes  No

B) Has your child(ren) received a SAIT Camps Bursary before?  Yes  No

C) How did you hear about the SAIT Camps Bursary Program? (check all that apply):

- |   |   |   |
|---|---|---|
| <input type="radio"/> SAIT Summer Camps website | <input type="radio"/> Child's school                | <input type="radio"/> SAIT Summer Camps Guide                   |
| <input type="radio"/> Returning Camper          | <input type="radio"/> Friend and/or family referral | <input type="radio"/> Other (please list): <input type="text"/> |
| <input type="radio"/> Year Round Program Guide  | <input type="radio"/> SAIT Youth Programs Website   |   |

D) Are you (select all responses that apply):

- |                    |  |
|--------------------|--|
| 1) A SAIT Employee | <input type="radio"/> Yes <input type="radio"/> No |
| 2) A SAIT Student  | <input type="radio"/> Yes <input type="radio"/> No |
| 3) A SAIT Alumni   | <input type="radio"/> Yes <input type="radio"/> No |

## 2. Child Information

Name the child(ren) for whom you would like to receive bursary funds. You must be the legal guardian for this child(ren), (e.g. nonieces, nephews). Please indicate the camp name and dates your child(ren) would like to attend. You may list up to three camp choices for each applicant.

### First Child Information

Legal First Name: \_\_\_\_\_ Legal Last Name: \_\_\_\_\_

Date of Birth (Day, Month, Year): \_\_\_\_\_ Gender: \_\_\_\_\_

School Grade: \_\_\_\_\_ School: \_\_\_\_\_

1st Choice: Camp Name \_\_\_\_\_ CRN \_\_\_\_\_ Camp Start Date \_\_\_\_\_

2nd Choice: Camp Name \_\_\_\_\_ CRN \_\_\_\_\_ Camp Start Date \_\_\_\_\_

3rd Choice: Camp Name \_\_\_\_\_ CRN \_\_\_\_\_ Camp Start Date \_\_\_\_\_

### Second Child Information

Legal First Name: \_\_\_\_\_ Legal Last Name: \_\_\_\_\_

Date of Birth (Day, Month, Year): \_\_\_\_\_ Gender: \_\_\_\_\_

School Grade: \_\_\_\_\_ School: \_\_\_\_\_

1st Choice: Camp Name \_\_\_\_\_ CRN \_\_\_\_\_ Camp Start Date \_\_\_\_\_

2nd Choice: Camp Name \_\_\_\_\_ CRN \_\_\_\_\_ Camp Start Date \_\_\_\_\_

3rd Choice: Camp Name \_\_\_\_\_ CRN \_\_\_\_\_ Camp Start Date \_\_\_\_\_

### Third Child Information

Legal First Name: \_\_\_\_\_ Legal Last Name: \_\_\_\_\_

Date of Birth (Day, Month, Year): \_\_\_\_\_ Gender: \_\_\_\_\_

School Grade: \_\_\_\_\_ School: \_\_\_\_\_

1st Choice: Camp Name \_\_\_\_\_ CRN \_\_\_\_\_ Camp Start Date \_\_\_\_\_

2nd Choice: Camp Name \_\_\_\_\_ CRN \_\_\_\_\_ Camp Start Date \_\_\_\_\_

3rd Choice: Camp Name \_\_\_\_\_ CRN \_\_\_\_\_ Camp Start Date \_\_\_\_\_

### 3. Family Information

How many children do you have?

How many people are in your immediate family?

How many children are currently living in your home?

How many children do you have under the age of 18?

### 4. Financial Information

Please select the option below that most accurately reflects your family's total income from all earners before taxes (gross income).

|                            |                       |
|----------------------------|-----------------------|
| <b>\$0 - \$28,478</b>      | <input type="radio"/> |
| <b>\$28,478 - \$34,878</b> | <input type="radio"/> |
| <b>\$34,878 - \$40,274</b> | <input type="radio"/> |
| <b>\$40,274 - \$45,028</b> | <input type="radio"/> |
| <b>\$45,028 - \$49,325</b> | <input type="radio"/> |
| <b>\$49,325 - \$53,277</b> | <input type="radio"/> |
| <b>\$53,277 +</b>          | <input type="radio"/> |

The information from this table has been extracted from Statistics Canada (2019). Retrieved from <https://www150.statcan.gc.ca/n1/pub/75f0002m/75f0002m2018001-eng.htm>

### 5. Supporting Financial Documentation

**Proof of Income:** For each adult in the household, please provide a copy of their current, official Canada Revenue Agency Notice of Assessment, which includes Line 150 (total income).

- 1. Income Support:** If you are receiving Income Support, please provide us with a current document that shows this.
- 2. AISH:** If you are receiving AISH, please provide us with a current document that shows this.
- 3. Alberta Child Health Benefit:** Please provide us with a letter stating that you are currently eligible for the Alberta Child Health Benefit.
- 4. Alberta Adult Health Benefit:** Please provide a copy of your Alberta Works Letter that shows you are currently on this program.
- 5. Refugee Status:** Please provide a copy of any government document that confirms you are currently receiving support under the Resettlement Assistance Program or Interim Federal Health Program.

## 6. Parent/Guardian and Child Supporting Documentation

- A) Parents/Guardians: On a separate page, indicate why you are applying for financial assistance for your child(ren) to attend a SAIT camp. Responses that provide detailed information will be given preference. Responses must be legible and attached to this form.
- B) Child: Please have each child provide a hand written letter providing information to the question below. The letter must be legible, include all the requested information and be attached to this form.

**Please include:**

- i) Your first and last name.
- ii) The name of the camp(s) you are interested in attending.
- iii) A detailed response to the following question: **Why is it important for you to attend this camp?** Consider your goals/dreams, school studies and/or future career.

## 7. Bursary Recipient Thank You Letter

Bursary recipients will be required to complete a "Thank You" letter. Families that fail to provide a "Thank You" letter at the end of the camp may be considered ineligible for future bursaries.

Each bursary recipient/child must complete the "Thank You" letter and submit to their camp leader by **9 am** on the **last day of their camp**.

The "Thank You" letter must be legible and include the following:

- a) Child first and last name.
- b) Name and date of camp attended.
- c) Responses to each question below.

**1) What did you enjoy most about the camp?**

**2) What did you learn in the camp?**

**3) What did you learn about yourself and/or your future dreams/goals by attending this camp?**

# Parent/Guardian and Child Agreement

I, the undersigned parent/guardian hereby declare that all information given is true and complete in every respect; that I have answered all questions on this form and that the bursary is essential to my child(ren) coming to camp.

## I agree to the following terms and conditions:

- If any circumstances change from those reported on this application I will contact and inform SAIT Camps of such changes immediately. **SAIT Camps reserves the right to rescind any bursaries based on the change of, or discovery of, false information.**
- Should I withdraw my child(ren) from the camps before the camp starts or during the camp, I will call the SAIT Camps Team at 403.210.5650. SAIT Camps will arrange for my child's withdrawal from the camp and will give the bursary to another bursary applicant.
- I understand that failure to notify SAIT Camps about withdrawing my child(ren) before or during the camp(s) will result in my child being disqualified from all camp bursary considerations in the future.
- My child(ren) will write a Thank You Letter to SAIT Camps. This letter is due on the last day of camp at 9:00am. This letter will address the meaning the camp experience had to my child(ren) (ex. learning, new interests, new ideas for careers, new friends).
- I understand that all applications and application information, with the exception of my child(ren)'s Thank You Letter, will be kept in the strictest confidence. The Thank You Letter will be provided to any funders of the bursary and used for promotional purposes with my child(ren)'s name removed.
- I am aware that I must complete and submit a bursary application form, registration form(s) (one for each child), and supporting letters and documentation for the desired camp to receive consideration for a bursary.
- I am the legal guardian for all children listed in this application.

Parent/Guardian Name (print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

First Child Name (print): \_\_\_\_\_

Second Child Name (print): \_\_\_\_\_

Third Child Name (print): \_\_\_\_\_

### Reminder! Checklist of items to submit:

- Bursary application form
- Registration form(s) (one for each child)
- Parent/Guardian letter explaining need for financial assistance as per item 6a in this form
- Child letter (one from each child) with information detailed in item 6b in this form.
- Supporting financial documentation

### Freedom of Information and Protection of Privacy Act (FOIP)

The personal information recorded on this form is being collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act. This information will be used for registration, attendance and research purposes only. Section D will be used for marketing and promotional purposes. The information collected is protected under the privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection and use of this personal information, please contact SAIT's FOIP Coordinator at 403-284-8633.