

# CAMP ENCOUNTER

RR 1, Site 21, Box 4  
Gunn, Alberta TOE 1A0

Ph. (780) 967-2548 Fax. (780) 967-4055

E-mail: [info@campencounter.com](mailto:info@campencounter.com)

[www.campencounter.com](http://www.campencounter.com)

*"Encounter the Spirit of Christ in Community and Creation."*

## Camp Encounter Summer Subsidy Program

\* Please complete a separate form for each camper

Name of Camper

Last

First

### SECTION 1: SUBSIDY REQUEST

Total amount of Subsidy requested

Maximum amount you are able to contribute toward summer camp fees

### SECTION 2: PARENT/GUARDIAN INFORMATION

Please indicate custodial parent, if applicable

Parent/Guardian #1 Name

Parent/Guardian #2 Name

<input type="text"/>	<input type="text"/>
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Parent/Guardian #1 Home Phone

Parent/Guardian #2 Home Phone

<input type="text"/>	<input type="text"/>
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Parent/Guardian #1 Work Phone

Parent/Guardian #2 Work Phone

<input type="text"/>	<input type="text"/>
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### SECTION 3: INCOME

- Less than 10,000 per year
- 10,000 – 20,000 per year
- 20,000 – 25,000 per year
- 25,000 – 30,000 per year
- 30,000 or more per year

Have your children attended Camp Encounter in the past? \_\_\_YES \_\_\_NO

Have your children received Camp Encounter subsidy in the past? \_\_\_YES \_\_\_NO

We are requesting that those people receiving subsidy from Camp Encounter consider volunteering with us in the upcoming year. Please check any TWO events where you would like to volunteer your help. Our volunteer coordinators will contact you at the appropriate time.

- Annual Picnic    Casino    Letter writing/fundraising campaign

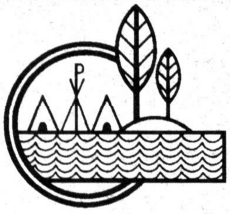
We feel that summer camp should be accessible to all children, regardless of income or other situations. We provide several thousand dollars in subsidies each year. We are limited in our resources however so we thank you in advance for your patience and understanding. Thank you for your time!

For office use only:

\_\_\_ Yes \_\_\_ No

\$\_\_\_\_\_ Total Amount of Subsidy

\$\_\_\_\_\_ Balance Due



Summer Camp Subsidy Fund Applicant  
Reference Form

Dear Sir/Madam,

The person who gave you this form is applying for the Summer Camp Subsidy Fund at Camp Encounter. This means they are in need of the financial assistance we make available through private donations and through fundraising activities taken on by our volunteer Board of Directors. We ask each parent/guardian applying for assistance to have this form filled out by a clergy member, past employer, social worker or appropriate person in authority. It helps ensure that the system remains open to those who need it. If you could take the time to fill out this form for: \_\_\_\_\_, we would appreciate it. Thank you in advance.

Sincerely,

Alexis Kiselyk  
Administrative Manager

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All responses will remain strictly confidential and will be used solely for the purposes of determining eligibility for the Camp Encounter Summer Subsidy Fund.

1. What is your relationship to the applicant and how long have you known them?
  
  
  
  
  
  
  
  
  
  
  
2. How do you perceive the need of this applicant for financial assistance?
  
  
  
  
  
  
  
  
  
  
  
3. Please fill in your information so we can contact you if we have further questions.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

For office use only: ___ Yes ___ No      \$_____ Total Amount of Subsidy      \$_____ Balance Due
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