



2019 CONFIDENTIAL SCHOLARSHIP REQUEST FORM

**United Brethren Youth Camps**

c/o Laura Schofield  
 616-250 Country Hill Dr  
 Kitchener, ON N2E 3L9  
 registrar.ubyc@gmail.com

Child's Name:		Camp: Jr. High ___ Junior ___ Teen ___	
Address:			
City:		Postal Code:	
Telephone # Daytime:		Telephone # Evening:	
E-mail Address:			
Parent/Guardian Name:		Relationship to Child:	
Parent's Address (if different from above)			
Telephone # Daytime:		Telephone # Evening:	

Please state why this child is eligible for financial assistance, e.g. details of home background, parent or guardian's ability to pay etc. Please use the back of the form if necessary.


- Approximate annual family income: \$\_\_\_\_\_.
- **Attach a copy of last year's income tax return with this application.**
- Amount family is able to pay for camp: \$\_\_\_\_\_.  
*\*\*It is expected that the family pay a portion of the Camp fee.*
- Would you be able to pay for this child's camp fees in its entirety or a greater portion of it if you were able to make several payments between now and the summer?  
 Yes       No

Our desire is that every child will have the opportunity to experience camp, and even though our funds are limited, we try to meet this need. Your help in paying as much of the fee as you are able allows us to assist the greatest number of children possible.

Signature of Parent or Guardian:	Date:      Month      Day      Year
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This application is to be completed along with a camper registration form, if not already completed.

Please remember to attach a copy of **last year's tax return.**

***ALL INFORMATION ON THIS FORM IS STRICTLY CONFIDENTIAL!***