

Boundless Fun Camp

Scholarship Application

Regardless of your background, we want to promote a community of hope and provide your child with an awesome time. Let us know of your situation so we may better support you.

Scholarship Application Form

Parent or Guardian Information

Name of Parent(s) or Guardian(s): ____

If the Ministry of Children and Families is the legal guardian, please provide Social Worker's contact information and explain.

Guardianship:_____

Household Information Single Parent Family? Yes No # of Adults (+19) in household: # of Children (0 - 18) in household: # of campers applying for the scholarship: Language(s) spoken at home: Nourishing Hope Hampers Are you a client of the Nourishing Hope Hamper Program? Yes No Source of Income Please check all that apply, for all income-generating members of the household Income Assistance Employment Insurance Child Support

 Income Assistance
 Employment Insurance
 Child Support

 Child Tax Benefit
 Disability
 Pension

 Work: Full-Time
 Work: Part-Time
 Other: _____

Annual Household Income

To support you the best way we can, please provide proof of income. Proof of income can be: bank statements showing deposits, notice of assessment, recent payslips, Ministry stubs or letters for EI, PWD, Social Assistance, GIS, Canada Child Benefit, etc.)

Less than \$10,000
\$10,000 - \$14,999
\$15,000 - \$19,999
\$20,000 - \$24,999

\$25,000 - \$29,999
\$30,000 - \$34,999
\$35,000 - \$39,999
\$40,000 - \$44,999

\$45,000 - \$49,999
\$50,000 - \$54,999
\$55,000 - \$59,999
\$60,000 - \$64,999+

Reason for applying for the scholarship: (Please briefly explain family circumstances)

Camper Information		
Camper Name:		
Week(s) Attending Camp:	_	
Camper Name:		
Week(s) Attending Camp:	_	
Camper Name:	_	
Week(s) Attending Camp:	_	
Is the camper attending any other camps this summer? 🗌 Yes	No	
If yes, which one(s):		

Privacy Notice and Consent:

At Boundless Vancouver, we collect and use your personal information to manage our programs, assess your eligibility for support, understand the needs of those we serve and improve our services. Our resources and ability to serve our community depend in part on the information provided by our clients.

In applying for this scholarship from Boundless Vancouver on behalf of my household, and sharing information about my family members, I can confirm that I am sharing this information with the knowledge and permission of all household members age 19 and over.

I understand the above statements and certify that all information provided is true and correct to the best of my knowledge.

Guardian's Full Name	(please print):
Guardian's Signature:	
Date:	