

## Guidelines & Application

**Before applying to the Camp Scholarship Program, please note the following:**

- Applications can be considered year-round.
- Only requests submitted on this form will be considered for funding.
- All camp candidates for consideration must be under the age of 18.
- Camp candidates must be patients in active treatment or remission from life threatening illness, OR
- Camp candidates may be dependents of a parent/guardian in active treatment for a life-threatening illness.
- When reviewing applications, a camp candidate's remission date will be taken into consideration for funding.
- A maximum of \$500 may be approved per camp candidate, per year. A Camp Scholarship place may be at any camp of the applicant's choosing (within Canada).
- Applications must be submitted **prior to** camp attendance; we cannot reimburse camp fees.
- All applications must be legible. If illegible, applications will not be considered for funding.
- **Section 1:** Complete the Family Information section of the application, being sure to complete all questions, including family income.
- **Section 2:** Complete the Health Information section of the application, being sure to complete the Referring Health Care Professional contact information.
- **Section 3:** Complete the Camp Information section of the application, being sure to include the total payable amount, the type of camp and the camp's name and address.
- **Section 4:** Include a copy of the camp invoice or registration form. If a copy of the invoice or registration form is not attached, the application will not be considered for funding.
- **Section 5:** Include a brief narrative from an appropriate Health Care Professional, describing the patient's situation, impact on the camp candidate, the family's need and any further information to support the application.
- **Section 6:** Applications must be reviewed, signed and dated by both the Parent/Guardian and Health Care Professional.
- All Health Care Professionals will receive notification (approved or declined applications) via email.
- Cheques will be made payable to each camp and sent to the family for distribution and delivery.

Applications may be mailed, faxed or emailed:

Attn: Camp Scholarships  
Shine Through the Rain Foundation  
1211 Gorham Street, Unit 12  
Newmarket, ON L3Y 8Y3  
Fax: 905.477.4251  
Email: [program.services@shinethroughtherain.ca](mailto:program.services@shinethroughtherain.ca)

**Phone** 905-477-7743  
**Toll-Free** 1-866-753-0303  
**Fax** 905-477-4251

**Email** [info@shinethroughtherain.ca](mailto:info@shinethroughtherain.ca)  
**Web** [www.shinethroughtherain.ca](http://www.shinethroughtherain.ca)

**1211 Gorham Street, Unit 12  
Newmarket, ON L3Y 8Y3**

## Section 1: Family Information

Camp Candidate Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: Male  Female

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

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

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Total yearly family income: \_\_\_\_\_

## Section 2: Health Information

Patient Name (if different to above): \_\_\_\_\_ Relationship to Camp Candidate: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_ Remission Date: \_\_\_\_\_

Name of Physician/Oncologist: \_\_\_\_\_

Hospital/Treatment Facility: \_\_\_\_\_

Referring Health Care Professional: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

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

### OFFICE USE ONLY

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Amount: \_\_\_\_\_ Payable to: \_\_\_\_\_

Amount Available: \_\_\_\_\_ Amount Remaining for This Year: \_\_\_\_\_

Notified SW/N on: \_\_\_\_\_ By Email: \_\_\_\_\_ By Phone: \_\_\_\_\_

Camp Backpack sent  Yes  No Date sent: \_\_\_\_\_

### Section 3: Camp Information

Total Cost: \_\_\_\_\_ Type of Camp: \_\_\_\_\_

Name of Camp: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Camp: \_\_\_\_\_

**Have you applied to other programs regarding this funding request? If so, which one(s)?**

\_\_\_\_\_

### Section 4: Copies Camp Invoice

Please attach a copy of the camp invoice and/or registration form for the chosen camp. *Note: this supporting documentation is essential for the application to be considered.*

### Section 5: Narrative

Please attach a brief narrative from an appropriate Health Care Professional, describing the patient's situation, impact on the camp candidate, the family's need and any other relevant information that may serve to support the application.

### Section 6: Review and Sign

I have reviewed this application and confirm that, to the best of my knowledge, this information is true and correct.

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

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

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

Health Care Professional Name (PRINT): \_\_\_\_\_

Health Care Professional Signature: \_\_\_\_\_

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