

# BC Epilepsy Society 2018 Summer Camp Financial Aid Subsidy Application Form



The BC Epilepsy Society provides financial subsidies to Easter Seals Camps, Eureka Camp, Zajac Ranch, and various adaptive day camp programs that provide recreational opportunities. These are for BC residents under the age of 19 who are currently receiving treatment for epilepsy. The subsidies reimburse camp costs up to \$150 and are awarded on the basis of financial need. Recipients must be a current member of the BC Epilepsy Society to be eligible. Please complete and submit this form by June 15, 2018, to be considered for a subsidy.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's or Guardian Name: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ Email: \_\_\_\_\_

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

Is your child currently being treated for epilepsy? Yes / No

Has your child had a seizure in the past 12 months? Yes / No

Has your child been diagnosed with a developmental or mental disability? Yes / No

Has your child been diagnosed with a physical disability? Yes / No

Have you previously received a camp subsidy from the BC Epilepsy Society? Yes / No

If Yes, what year was this awarded: \_\_\_\_\_

Annual Family Income (pre-tax):

Less than \$25,000

\$35,000 to \$44,999

\$25,000 to \$34,999

\$45,000 to \$54,999

Please explain why you feel your child would benefit from attending camp: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about the camp subsidies from the BC Epilepsy Society? \_\_\_\_\_

*Please note that information contained within this form will remain confidential and is important for us to have in order to determine the needs and demographics of those using this program.*

I agree that if my child is accepted I will provide written verification that my child has been accepted to a camp, as well as an official receipt of payment of admission fees in order to receive the subsidy.

In signing this application, I, the parent/guardian of (child's name) \_\_\_\_\_  
have filled out this form honestly, accurately, and to the best of my ability.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please mail, email, or fax this form to the BC Epilepsy Society office at:  
#2500 - 900 West 8<sup>th</sup> Avenue, Vancouver, British Columbia, V5Z 1E5  
Email: info@bcepilepsy.com  
Fax: 604-875-0617