



Labrador Christian Youth Camp

Financial Assistance Form

Child's Name: _____ Birthdate: _____

Address: _____

1st Parent/ Guardian's Name: _____

2nd Parent/ Guardian's Name: _____

Social Worker's Name if applicable: _____

Social Worker's Phone Number at work: _____

Camp Week Date: _____

Place an « X » to best suit Parent's financial situation:

- Employed full time Employed Part time Seasonal work
- Social Welfare No revenue at all

Place an « X » to best describe type of financial aid needed :(Please only check one box)

- Camp or Airfare or Amount able to pay _____ \$

Parent/ Guardian's Signature: _____ Date: _____

NOTE: If the family is on social welfare, they must first contact their social worker, who may be able to arrange funding for the child to attend. Another option for financial assistance is to get a letter of approval from a chapel servant or lay minister of your community and send it with the child's application. At that point we will put the application on a wait list. We may not be able to provide financial support to all those who apply.