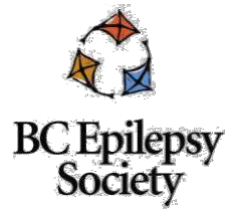


# BC Epilepsy Society

## 2022 Summer Camp Financial Aid Subsidy Application Form



The BC Epilepsy Society provides financial subsidies for various summer camp programs in BC. These subsidies 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 30th, 2022, to be considered for a subsidy.

**Please note that if you are a successful applicant, all staff at the summer camp program will need to be trained in seizure first aid. The BC Epilepsy Society can provide this training to summer camp staff free of charge. Please contact [sonia@bcepilepsy.com](mailto:sonia@bcepilepsy.com) or 604-875-6704 Ext. 2 for more information.**

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 this form to our office at: 610 – 4180 Lougheed Highway, Burnaby, BC V5C 4B3 or email this form to [sonia@bcepilepsy.com](mailto:sonia@bcepilepsy.com) no later than June 30th, 2022.**