

BURSARY APPLICATION - VBGA Day Camps

Name of Camper: _____ Birth date: _____

Name of Parent/Guardian: _____

Address: _____ Postal Code: _____

Email: _____ Home Phone: _____

Names and ages of other children in your household under the age of 18:

_____	_____
_____	_____
_____	_____

Why do you think your child should be considered for the need-based bursary?

Signature : _____

Date: _____

Please sign and return this form to the address at the top of this page or scan/email to summercamps@vandusen.org.