



5251 Oak St. Vancouver, BC V6M 4H1

BURSARY APPLICATION - VBGA Day Camps

Name of Camper: _____ Birth date: _____

Name of Parent/Guardian: _____

Address: _____ Postal Code: _____

Email: _____ Home Phone: _____

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

_____	_____
_____	_____
_____	_____

How would your child benefit from this needs-based bursary.

Signature: _____

Date: _____

Please sign and return this form to the address at the top of the page c/o Youth Education Program, or scan/email to summercamps@vandusen.org.