



EASTER SEALS GRANT APPLICATIONS FORM **SPRING 2024**

We are delighted to assist a family help their loved one with special needs attend Easter Seals Summer Camp in 2024!

- This grant is designed to cover the **Registration Fee for camp this year: \$800 for kids \$1,000 for adults.**

The family is responsible for any logistics and cost associated with getting their loved one to and from Easter Seals Camp.

The family **must apply** through the **Easter Seals BC** website directly (www.eastersealsbcy.ca) and follow the registration instructions to be eligible for Easter Seals Summer Camp. SASS does not control the registration or intake of campers. This grant is designed to help families send their loved one to camp who otherwise may not be able to due to financial constraints. Individuals who can easily send their loved one to camp without financial assistance should not apply for this grant.

Please complete the application and return the form to: Sherri Palle, Sooke Autism Support Society (SASS) President.

The **completed form** can be **mailed to** 6489 Beechwood Place, Sooke BC V9Z 0Y7 or **emailed to** sooke.sass@gmail.com

EVERYTHING PROVIDED IN THIS APPLICATION FORM IS KEPT PRIVATE & CONFIDENTIAL *

Only fully completed and signed forms will be considered for review. **Forms are due by March 15, 2024.**

PARENT INFORMATION

Parent(s) / Legal Guardian Name(s): _____

Mailing Address: _____

Phone: Cell: _____ Work: _____ Home: _____

Email: _____

Please tell us how you heard about the **SASS Easter Seals Summer Grant** opportunity?

Have you ever attended a **Sooke Autism Support Society (SASS) Meeting** before? Yes No

Would the provision of this grant (valued at approximately \$800) be a major contributor to your ability to send your child to Easter Seals Summer Camp?

Yes No

If awarded this grant, would your family be prepared to share a paragraph or two and/or photo about the experience?

Yes No

PARTICIPANT INFORMATION

Name of child participating in Easter Seals Summer Camp _____

Birthdate: _____ DD/MM/YYYY Age: _____ Gender: _____

School attending (if applicable): _____ Grade: _____

I am confirming that my loved one has special needs: Yes No

Nature of special needs: _____

EASTER SEALS SUMMER CAMP INFORMATION

Has your loved one attended Easter Seals Summer Camp previously? Yes No

If yes, **when was the last time** they attended? _____

If yes, **where was the last time** they attended? _____

Have you **registered** them for Easter Seals Summer Camp? Yes No

Have you **paid the Registration Fee** for Easter Seals Summer Camp? Yes No

If YES, **how much did you pay?** _____

Note: If awarded this Grant, you may be asked for proof of payment prior to reimbursement.

If NO and you are awarded this grant, we will send a cheque to **The BC Lions Society for Children with Disabilities** on your behalf.

Have you **received confirmation** they are going to Easter Seals Summer Camp? Yes No

Have you previously received the SASS Easter Seals Summer Camp Grant? Yes No

If yes, **when did you receive it?** _____

Is there anything else you'd like to share about your family situation that will assist us in the awarding of the grant when considering applications from multiple families?

I understand that by signing below, I am confirming everything completed in this application is accurate and will be used to determine the awarding of the SASS Easter Seals Camp Grant. I also understand that SASS is not involved in the registration process or delivery of the Easter Seals Summer Camps.

Parent Name (Print)

Date

Parent Signature