

# Summer Dreams

The Camp Robin Hood Charitable Organization  
Registration #1064104-56



# CAMPER APPLICATION FORM

## Summer Dreams ~ The Camp Robin Hood Charitable Foundation

Summer Dreams' goal is to provide the benefits of summer camp to as many children as possible. The enclosed application is our attempt to make the selection process fair and to provide all applicants with a common platform.

Please feel free to use extra paper if the space provided on the application for a particular answer is not adequate.

## The Timetable

All applications must be received by Summer Dreams no later than March 1<sup>st</sup>. Our selection committee will then read all applications and select a list of recommended recipients and the amounts to be granted to each. This list will then be submitted to the Summer Dreams Board of Directors by April 15<sup>th</sup> for deliberation and final approval. All applicants will be contacted shortly thereafter.

## The Criteria

Applications must clearly demonstrate **a financial need** that is impeding the campers' ability to attend camp. Financial need is Summer Dream's primary consideration when reviewing applications. Requests will be considered for attendance at any day camp or overnight camp accredited by the [Ontario Camping Association](#).

Applications should be mailed (not faxed) to:

**65 Queen Street West, Suite 200, Toronto, Ontario M5H 2M5**

If you have any questions or concerns, please contact:

Kevin Klayman at (416) 363-3351.

## Before submitting the application, please keep in mind the following:

1. Decisions will not be made before April 15<sup>th</sup> of each year. You will be contacted by either telephone or mail. Because of the number of applications, we discourage calls to see if we have made selections yet.
2. The child must be between the ages of 5 and 19 as of January 1 of the camping year.
3. The camp being chosen for the child must be an Ontario Camping Association accredited camp. We will not provide funding to send a child to a camp that is not fully accredited with the Ontario Camping Association. Please check with the camp before applying.
4. This application serves as an application for funds only. While we are able to help many families each year, we receive more applications than we can fund and therefore many applications regrettably do not receive any funding.
5. We encourage applicants to partner with their chosen camp, social agencies and/or third parties (such as relatives) to subsidize a portion of the camp fees wherever possible.
6. A Referral Form is attached to this camper application. The Referral Form is to be filled out by a third party – i.e. a school teacher/counsellor, referral agency employee or spiritual professional (not by parents, foster parents, or friends/relatives of the camper applicant). Please provide the individual completing the referral form with a copy of this page as a reference. The referral form must be sent back to Summer Dreams directly by the third party and cannot be returned to the parent or guardian.

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## Applicant Information

Your Name \_\_\_\_\_

Relation to Camper \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Home Phone# \_\_\_\_\_

Business Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_

## Camper Information

Camper's Name \_\_\_\_\_

Gender  M  F

Date of Birth \_\_\_\_\_

Age as of July 1 \_\_\_\_\_

(e.g. YYYY-MM-DD)

With whom does the Camper Live? \_\_\_\_\_

Parent(s)/Guardian(s) Name(s) \_\_\_\_\_

Phone Numbers \_\_\_\_\_

Camper's Phone Number (if different) \_\_\_\_\_

How many children live in the same home as the camper? \_\_\_\_\_

Camper's Family Situation

Please explain the reasons why this camper is applying for funding from Summer Dreams.

Please use the back of this page if necessary.

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What other activities, besides camp, might the camper enjoy this summer?

Does the camper have any previous camping experience?

- Yes If yes, please list below  
 No

Name of Camp

Years Attended


Does the camper have any special needs?

- Yes  No If yes, please explain:

What is the camper's main source of financial support?

(e.g. parent(s), social assistance, mother's allowance, etc.)

Why is financial assistance required for this camper?

(Please attach a separate sheet if necessary.)

*(Please note that financial need is Summer Dreams' primary consideration when reviewing applications.)*

Which OCA camp does the camper wish to attend?

Name of Camp:

Type of Camp:

- Residential  Day Camp

For more information contact:

Ontario Camps Association | 250 Merton Street, Suite 301, Toronto, Ontario M4S 1B1  
416-485-0425 | f: 416-485-0422 | [www.ontariocamps.ca](http://www.ontariocamps.ca)

Why has this camp been chosen?

Do you have any affiliation with the camp you've chosen?

- Yes  No If yes, please explain:

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## Financial Information

What is the total amount requested?

\$ \_\_\_\_\_

What is the duration of the session?

\_\_\_\_\_ (#weeks, days)

What is the camp fee?

\$ \_\_\_\_\_

Will these funds be used for any other purposes?  
(i.e. mentor, shadow, medical)

Will there be other sources of funds provided to  
the camper? (i.e. personal, family, agencies)

*Note: Summer Dreams encourages applicants to partner with their  
chosen camp, social agencies and/or third parties (such as relatives) to  
subsidize a portion of the camp fees wherever possible.*

Please list any other  
information that you feel  
is relevant to this  
application.

How did you hear about  
Summer Dreams?

**Acknowledgement:** In accepting the financial assistance of The Camp Robin Hood Charitable Foundation, Summer Dreams, to send \_\_\_\_\_ (camper), to camp, it is acknowledged and understood that no liability whatsoever shall attach to Summer Dreams and its members for any claims, losses, damages, costs or expenses for personal injury to the health and welfare of the camper from whatever cause related to or connected with the camper's enrolment at camp and his/her participation in any camp activities.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Name (Print) \_\_\_\_\_

Submit your completed application to: **Summer Dreams Applications  
65 Queen Street West, Suite 200  
Toronto, Ontario M5H 2M5**