

## Camper Subsidy Program – 2025

## **Parent/Guardian Information**

First Name:	Last Name:			
Relationship to Camper:				
Address:	APT/Unit #:			
City:	Prov.:	Postal C	Postal Code:	
Home Phone:		Cell:		
Email*:				
*All correspondence, including tax receipts, is via en to me at the address I have provided via Canada Pos	nail. I understand tha			
Number of Family Members (copy of	Manitoba Health Ca	rd required): Adults:	Children:	
Camper(s) Information				
Name:	Age:	Program:		
Name:	Age:	Program:		
Name:	Age:	Program:		

**Financial Information -** Applicants are required to provide the following accepted documents:

- Your Social Assistance Budget letter and OR a copy of your most recent Canada Revenue Agency Notice of Assessment identifying annual net income of all economic family members (available on the Canada Revenue Agency website or by calling 1-800-959-8281).
- Canada Child Benefit amount information (for children under 18 years old)
- CPP Disability Letter
- EIA Budget Letter

**Please note:** Application will not be processed if all financial information is not included. Completed forms and supporting documentation can be sent via email or Canada Post or visit us in person at 3550 Portage Ave.