

# SUMMERFEST 2007

An integrated camping experience for children with seizure disorders.  
Sponsored by Epilepsy Ontario

## SPONSORSHIP REQUEST FORM

Application Date \_\_\_\_\_

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

Mailing Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone Number (home) \_\_\_\_\_

Camper(s) Name \_\_\_\_\_

Age and Date of Birth \_\_\_\_\_

**Please Note:** To be eligible for sponsorship, you must complete this application **in full** (two pages) and return it to Epilepsy Ontario and you must be a member of your local epilepsy chapter.

CONFIDENTIAL

This is the information page that the Selection Committee will review. Please use a separate sheet for each child applying but indicate that the children are related.

Confidential Information (please answer ALL questions to be eligible for sponsorship):

1. What is the total of your monthly fixed expenses? \_\_\_\_\_
2. Do you or any of your children receive any financial assistance from the government? \_\_\_\_\_  
If yes, how much per month? \_\_\_\_\_
3. What was your net family income (include any type of allowance) for 2006? \_\_\_\_\_
4. Do you have current membership at your local Epilepsy Chapter? \_\_\_\_\_  
What Chapter? \_\_\_\_\_

We are applying for assistance for the following session (total fee listed). Please rank:

- |   |   |
|---|---|
| _____ 1 <sup>st</sup> Week - July 1 - July 7, 2007  | = \$870 (one week + one-on-one mentoring) |
| _____ 2 <sup>nd</sup> Week - July 7 - July 13, 2007 | = \$870 (one week + one-on-one mentoring) |
| _____ Both Weeks - July 1 - July 13, 2007           | = \$1195 (two weeks)                      |

Our family will be able to pay \$ \_\_\_\_\_ (deposit + any mentoring fee is separate).

We would like Epilepsy Ontario to consider us for \$ \_\_\_\_\_

Please briefly state your reasons for seeking sponsorship: \_\_\_\_\_

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Any other comments? \_\_\_\_\_

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