

SUMMERFEST 2008

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 2007? _____
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:

- _____ 1st Week - June 29 - July 5, 2008 = \$930 (one week + one-on-one mentoring)
_____ 2nd Week - July 5 - July 11, 2008 = \$930 (one week + one-on-one mentoring)
_____ Both Weeks - June 29 - July 11, 2008 = \$1235 (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: _____

Any other comments? _____
