



Camp Metamorphosis BC

A program of the Greek Orthodox Archdiocese of Toronto (Canada)

c/o 4500 Arbutus St. Vancouver, BC V6J-4A2
campmetbc@gmail.com - www.campmetbc.ca



Scholarship Application Form

Scholarships are awarded on the basis of financial need and are given on a first come first served basis. Therefore we request that you fill out the application and return it as soon as possible. Please note that:

- 1) All information requested is required in order to properly process the application. We try to make scholarships available to as many families as possible. Our goal is to see that anyone wishing to attend camp has the opportunity to do so. Scholarships are generally available between \$150.00 - \$250.00 per child in order to accommodate as many families as possible.
- 2) We will contact you as soon as possible to let you know if your application has been approved.
- 3) If you receive a scholarship, we ask that you and/or the camper send us a note of appreciation when camp is over. Notes from the campers are particularly useful in reporting to those who donated to the Camp Scholarship Fund. Names will be kept confidential, if so desired.

Thank you for your interest and confidence in Camp Met BC and your desire to invest in your son's/daughter's spiritual development and future by sending them to camp.

CONFIDENTIAL APPLICATION:

Camper Name: _____
Last Name First Middle

Please circle all answers that apply:

- Has the camper attended Camp Met BC in the past? Yes No
- Has the camper received financial assistance from Camp Met in the past? Yes No
- Parent(s) Name(s) _____
- Are you a single parent? Yes No Are parent(s) employed? Full Time? Part Time?
- Father Yes No Occupation _____
- Mother Yes No Occupation _____
- Any further information that we should know? _____

Annual Family Income _____

Are you affiliated with a church? Yes No

If yes, please provide name of the church

Please read carefully:
- Your request for a Camper Scholarship will remain completely confidential.
- Are you able to pay the registration fee with a monthly payment plan?
- Are you requesting a partial scholarship or full scholarship?

COSTS:	Total cost of camp	\$ 590
PAYMENTS:	Other sources (church/other family etc.)	\$ _____
	Scholarship amount requested	\$ _____
	Balance to be paid	\$ _____

If total amount of funds requested cannot be granted would you be able to make payments over 4-6 months? Yes No

I/we realize that scholarships are subject to funds available and that awards will be made in an equitable fashion at the discretion of the Camp Coordinator.

Parent(s) Signature(s) _____

Phone Numbers _____

Please submit your request to: campmetbc@gmail.com

Please do not contact our Camp Coordinator or staff members directly. All applications MUST be received through our above email address in order to be considered.

FOR OFFICE USE ONLY:

Amount of Scholarship granted \$ _____ Date granted _____ Applicant Advised _____

Approved by: _____