



Camp Metamorphosis BC

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



Spiritual Director: Rev. Fr. Constantinos Economos

Camp Coordinator: Dora Papoutsakis

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 been at Camp Met BC before? Yes No

Has the camper received financial assistance from Camp Met before? 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 give 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 **\$ 450.00**

PAYMENTS:

Other sources (church/other family etc.) \$ _____

Scholarships 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 equitable fashion at the discretion of the Scholarship Committee.

Parent(s) Signature(s) _____

Phone Numbers

Day-time

Evening

Please submit your request to:

Camp Met BC

campmetbc@gmail.com

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

If you have any questions, please feel free to contact us at campmetbc@gmail.com.

FOR OFFICE USE ONLY:

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

Approved by: _____