

BCFFPA Camps For Kids Grants

Bursary Available: BCFFPA member foster parents, province wide



The “**Camp For Kids**” grants were established by the BC Federation of Foster Parent Associations to alleviate some of the costs Foster Parent members encounter when sending their foster, adopted, or birth children to camp. There will be a maximum number of 20 grants issued per year.

Who Can Apply

Any foster parent member **in good standing** who requires assistance to send their foster, adopted or birth child/youth between the ages of 6 –19 to camp (ie. day camps, sports camps, away camps).

Amount of Grant

An annual grant of \$250.00 per family will be awarded, and may be used to cover costs for one or more eligible family members to attend the camp of their choice.

Application Dates

Applications will be accepted from February 1 – May 30 of each year. Awards will be made in June. The Foster Parent member must provide proof of payment of the camp deposit, along with all other relevant documentation, prior to the awarding of the grant.

How to apply:

The Foster Parent member must complete the “Application for Camp Funds” form outlining the name, type of camp, and proposed dates of attendance **for each participant** in the family, and the **full cost** for each child/youth to attend. Grants will be awarded to 20 eligible applicants chosen at random who have applied with all relevant documentation.

Please mail your completed application to:

*BC Federation of Foster Parent Associations
3rd Floor - 131 Eighth Street
New Westminster, BC V3M 3P6*

(See Camp For Kids Application Form Below)

BC Federation of Foster Parent Associations

3rd Floor – 131 Eighth Street, New Westminster, BC V3M 3P6
1-800-663-9999 ● www.bcfosterparents.ca ● office@bcfosterparents.ca

**BCFFPA CAMPS FOR KIDS
APPLICATION FORM**

(This information is collected for BCFFPA use only. Your information will not be disclosed to any 3rd party.)

Name of Foster Parent Member: _____

Address & City: _____ P/C: _____

Telephone: _____ Fax: _____ E-Mail: _____

BCFFPA Membership Number: _____ Member since: _____

Name of Child: _____ Age: _____ Relationship: _____

Name of Camp: _____ Dates: _____ to _____

Address: _____

Type of Camp: **(circle one)** overnight day sports outward bound other

Activities covered: _____

Supervision: **(circle one)** Parent participation staff coach other (explain) _____

Social Worker Authorized: yes _____ no _____

Name of Social Worker: _____ Office: _____

Deposit Paid yes: _____ no: _____ (please attach a copy of receipt) Full Cost of Camp _____

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Children to Attend Camp

Name of Child: _____ Age: _____ Relationship: _____

Name of Camp: _____ Dates: _____ to _____

Address: _____

Type of Camp: **(circle one)** overnight day sports outward bound other



Activities covered: _____

Supervision: **(circle one)** Parent participation staff coach other (explain) _____

Social Worker Authorized: yes ____ no ____

Name of Social Worker: _____ Office: _____

Deposit Paid yes: ____ no: ____ (please attach a copy of receipt) Full Cost of Camp _____

Name of Child: _____ Age: ____ Relationship: _____

Name of Camp: _____ Dates: _____ to _____

Address: _____

Type of Camp: **(circle one)** overnight day sports outward bound other

Activities covered: _____

Supervision: **(circle one)** Parent participation staff coach other (explain) _____

Social Worker Authorized: yes ____ no ____

Name of Social Worker: _____ Office: _____

Deposit Paid yes: ____ no: ____ (please attach a copy of receipt) Full Cost of Camp _____

IF YOU REQUIRE MORE ROOM, PLEASE USE A SEPARATE SHEET - THANK YOU

