BC Foster Parents Association

Camps for Kids Grant Application

The Camp For Kids grants were established by BC Foster Parents Association to alleviate some of the costs member foster parents encounter when sending their foster, adopted, or birth children to camp. Depending on funds available, grants will be awarded to eligible applicants chosen at random who have applied with all relevant documentation.

Who Can Apply

- You are a current foster caregiver and BCFPA member who requires assistance to send their foster, adopted or birth children to camp.
- The child/youth attending camp must be between the ages of 6 and 18 years old.

Application Requirements

Proof of deposit or full payment for the camp that the child/youth is enrolled in.

When to Apply

Summer cycle: Applications will be accepted from February 1 – May 31 of each year. Awards will be made in June.

Fall cycle: Applications will be accepted from August 1 - October 31 of each year. Awards will be made in Novem-

Amount of Grant

An annual grant of \$300 per family will be awarded to BCFPA members which may be used to cover costs for one or more eligible family members to attend the camp of their choice.

How to Submit Your Application

Submit form to BC Foster Parents Association

Mail: 208 - 20641 Logan Ave, Langley, BC V3A 7R3 Email: office@bcfosterparents.ca Fax: 604-544-2223

Next Steps

Once the application has been reviewed, BCFPA will notify the candidate by email or phone of the status of the application. Cheques are issued payable to the applicant and sent to the applicant's mailing address. Please allow four weeks from the date that you receive the notification for your cheque to arrive.



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Camps for Kids Grant Application

First Name	Last Name		Date		
Phone Number	Email Address				
Street Address		City	Postal Code		
Are you a current BCFPA member? Please confirm		BCFPA Membership #			
⊖ Yes					
Which cycle are you applying for? Please select					
○ Summer Cycle (Feb - May)		○ Fall Cycle (Aug - Oct)			

Child/Youth's Information Please fill out for ALL children/youth attending camp

Child One							
Name of child/youth attending camp			Age				
Relationship of applicant to child/youth Please select							
○ Fostering ○ A	dopted	⊖ Biologica	cal O Other				
Social Worker Authorized Please confirm, if applicable			l have attached proof of payment or deposit Please confirm				
○ Yes		⊖ Yes					
Full cost of camp	Camp Date(s)						
Type of camp/activities covered							



Child Two						
Name of child/youth attending camp			Age			
Relationship of applicant to child/youth Please select						
○ Fostering ○ Ad	opted	⊖ Biologica	al	O Other		
Social Worker Authorized Please confirm, if applicable		l have attached proof of payment or deposit Please confirm				
○ Yes				⊖ Yes		
Full cost of camp	Camp Date(s)					
Type of camp/activities covered	•					
Child Three						
Name of child/youth attending camp			Age			
Relationship of applicant to child/youth Please select						
○ Fostering ○ Ac	lopted	⊖ Biologica	al	〇 Other		
Social Worker Authorized Please confirm, if applicable				ached proof of payment or depos	it	
⊖ Yes			⊖ Yes			
Full cost of camp	Camp Date(s)					
Type of camp/activities covered	·					

Applicant Authorization

O The information that I have provided for this application is true, accurate, and complete.

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