**Summer Camp Bursary Application 2018**

Thanks to generous contributions of [our supporters](http://www.scienceventure.ca/supporters/2017/), we are proud to provide full and partial bursaries to youth who face financial barriers and would otherwise be unable to participate in our programming.

To ensure Science Venture is an experience for ALL youth, we also reserve a limited number of spaces for bursary recipients in all of our programs.

If you are interested in supporting Science Venture’s Bursary Program, please [contact us](http://www.scienceventure.ca/contact/).

**How does Science Venture distribute bursaries?**

 Bursaries are distributed in two ways:

* Science Venture provides bursaries to organizations and agencies that work with the youth audiences we engage through our outreach programs.
* Bursaries may be requested directly from Science Venture. Only one week of programming per child can be subsidized through this program. Please see below.

 **How do I request a bursary?**

* Before requesting a bursary, please review our camp [schedules](http://www.scienceventure.ca/camps/schedule/) and [descriptions](http://www.scienceventure.ca/camps/about/). You will need to know which program and date you wish to request a bursary for.
* Please DO NOT register your participant(s) using our online registration system. This will make your bursary application more difficult to process.
* When ready, complete the Bursary Request Form below for each child you are applying for.
* **The deadline for application submissions is May 14, 2018. All applications will be reviewed after this date.**
* Successful applicants will be contacted via email **by June 1, 2018** with the bursary amount that Science Venture is able to provide and information on completing camp registration.
* Questions? Please [contact](http://www.scienceventure.ca/contact/) Science Venture for more information on the bursary program.

**Please mail completed forms to:**

Science Venture

PO Box 1700 STN CSC

University of Victoria

Victoria BC V8W 2Y2

**Summer Camp Bursary Application 2018**

**DEADLINE: MAY 14, 2018**

**Section 1: General Information**

**Participant Information:**

Participant’s First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (day/month/year): / / Female ☐ Male ☐ Grade (entering Fall 2018): \_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_ Province: \_\_\_\_\_\_\_\_\_\_

Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail (**REQUIRED**): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (h)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (w)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (h)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (w)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Emergency Contacts (family, friends, carpool, etc.):**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (h)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (w)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child is authorized to leave Science Venture: ☐with the above named people and/or ☐on his/her own

Custody Restrictions? ☐ YES ☐ NO

***People listed on application will be the only authorized individuals permitted to pick up participants.***

**Health Information:**

(In case of accident or illness, if a parent or guardian cannot be reached, we will take your child to the emergency ward of the nearest hospital.)

Medical Issues and Special Considerations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Care Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Selection:** Only **one week** of programming per child can be subsidized through this program.

Please provide **at least 2 possible** choices.

|  |  |
| --- | --- |
| **Camp Choice** | **Date** |
| 1 |  |
| 2 |  |
| 3 |  |

## Behaviour Management

Discipline is dealt with by a 3-strike system. The first strike is a warning; a second strike will result in a phone call to the parents. A camper is sent home upon the third strike, with no money refunded. Science Venture has a violence-free policy to ensure the safety of all our participants. Any physical misconduct will result in immediate removal from this program with no money refunded. We reserve the right to refuse further participation to any participant for inappropriate behaviour.

## Privacy

The University of Victoria is committed to treating your personal information in accordance with FIPPA and the university’s privacy policy. The collection of personal information is in accordance with section 26 of the Freedom of information and Protection of Privacy Act (FIPPA) and the University Act. The university uses the personal information for the purposes of providing educational and related services. For a detailed listing of the collection purposes see [here](http://www.uvic.ca/universitysecretary/assets/docs/policies/GV0235.pdf#page=31). Should you have any questions concerning your personal information please contact the access and privacy office at [foipp@uvic.ca](https://svregistration.engr.uvic.ca/registration2014/foipp%40uvic.ca).

## Agreements

I authorize Science Venture run by the University of Victoria to video or photograph my child. The University of Victoria may use and re­use and authorize Actua and other UVic funders to use and re­use all or parts of the video or photograph solely to promote their involvement with Science Venture. The University of Victoria shall own all right, title and interest in and to the video or photograph including the recordings, to be used and re­used and disposed of without limitation in any media or form of distribution as the University of Victoria may solely determine.

Yes \_\_\_\_ No \_\_\_\_

## Consent

I understand participation in Science Venture run by the University of Victoria may expose my child to known and unanticipated risks, dangers, and hazards which are inherent in the program and cannot be eliminated without jeopardizing the quality of the program. I acknowledge that the University of Victoria will not be responsible for injury, loss or damage to my child or my child’s property. I am aware that the risks to my child may include, but are not limited to the following: (a) loss or damage to personal property; (b) serious physical or emotional injury; (c) over exertion or lack of fitness or conditioning; (d) material acquired from computer network; (e) my own failure or that of other participants to follow the safety guidelines; and (f) negligence of other participants.

**I hereby have read and agree to all terms and conditions.** Yes \_\_\_\_ No \_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature Witness Date

**Section 2: Financial Information**

Please provide reported combined net income from 2017 tax return for your family: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of people in family/household: \_\_\_\_\_\_\_ Bursary Amount Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate if you are able to pay any portion of camp fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate why you require financial assistance in the space below (attach another sheet if required):

|  |
| --- |
|  |

**Section 3: Camper Request**

*Please have your child fill out the following. If needed, feel free to add an extra sheet. If the camper is unable to write, please write their answer for them.*

Why are you looking forward to attending Science Venture?

|  |
| --- |
|  |

What is your favourite thing about school?

|  |
| --- |
|  |

What is your favourite thing about science, engineering, or technology?

|  |
| --- |
|  |