**Summer Camp Bursary Application 2024**

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](https://www.scienceventure.ca/camps/about-summer-camps). 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 17th, 2024. All applications will be reviewed after this date.**
* Successful applicants will be contacted via email **by May 31st, 2024** 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 e-mail completed forms to:**

svregistration@uvic.ca

**Summer Camp Bursary Application 2024**

**DEADLINE: MAY 17, 2024**

**Section 1: General Information**

**Participant Information:**

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

Date of Birth (day/month/year): / / Female ☐ Male ☐ Grade (entering Fall 2024): \_\_\_\_\_\_\_

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

Science Venture uses progressive and natural consequences to provide participants with learning opportunities. If a participant’s conduct becomes disruptive or destructive, coordinators will intervene and communicate with parents, either immediately or at pick up depending on the level of risk. Intervention may include, but is not limited to: taking a break, brainstorming reparative actions, facilitating conversation between parties, and filling out/sending home reflective worksheets. Any physical misconduct will result in immediate intervening and potential removal from the program with no money refunded. We reserve the right to refuse further participation to any participant for inappropriate behavior.

## Privacy

Responsible use For Information Technology Services: Information technology services at the University of Victoria are intended primarily to serve the educational, research, and administrative purposes of the University. The University is therefore responsible for ensuring that resources and facilities provided for the purpose of supporting University-authorized teaching, research, administrative, and other University computing activities are in fact used for these purposes. Usage is also governed by all applicable University policies, such as the Harassment and Intellectual Policies, by all Federal, Provincial, and local laws and statutes, such as the Criminal Code of Canada, the Copyright Act, and the BC Freedom of Information and Protection of Privacy Act, and by licenses governing the use of computer programs and documents of all kinds. By using computers on campus, you are agreeing to Policy IM7200, Responsible Use of Information Technology Services, the Faculty of Engineering Policy, Use of the Engineering Computer Data Network Infrastructure, and the Faculty of Engineering Standards for Professional Behavior.

## 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 2023 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?

|  |
| --- |
|  |