



CITY OF WELLAND
Recreation, Sport & Culture Division
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CONFIDENTIAL

For Internal Use Only

Approved: _____ YES _____ NO

Program Coordinator Signature: _____

Date: _____

Sponsorship Fund: _____

SUBSIDY REQUEST & REFERRAL FORM – SUMMER DAY CAMP

Program Guidelines & Eligibility

Attendance Requirement: Children receiving financial assistance must attend the full week of camp for which they are registered. Unexplained absences may affect eligibility for future subsidy support.

Subsidy Coverage: Each approved child will receive one week of camp subsidized, subject to availability. Applicants will be contacted by the a Customer Service Clerk OR Recreation Coordinator regarding the status of their subsidy request.

Eligibility Criteria: Residency: Applicants must be residents of Welland.

Income Criteria: Eligibility is based on household income. Specific income thresholds apply; details available upon request.

Age: Camp subsidies are available for children aged 4-12 years old.

Important Notes: Funding is limited, and subsidies are awarded on a first-come, first-served basis, submitting an application does not guarantee approval. If applicant receives funding, a follow up survey is required to be completed following camp. _____ Initials

PARTICIPANT INFORMATION

Name of Parent/Guardian(s)	
Name of Child(ren)	
Age(s) of Child(ren)	
Address:	
Telephone number:	
Email address	

Referral Agency & Contact Name <i>*if applicable</i>	
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Has the child(ren) **ever attended** the City of Welland Summer Day Camp in previous years? If yes, please indicate what year(s)? _____

Has the child(ren) ever accessed the subsidy program in previous years? If yes, please indicate what year(s)? _____

Reason for Request/Referral: *Please tell us about your child's current circumstances and why you are requesting subsidy for summer camp this year. (Please use reverse side if more space is needed.)*
