

2014 CAMP FEES SPONSORSHIP REQUEST FORM

The purpose of the sponsorship fund is to help families out that can't afford camp fees but don't qualify for other funding

- An enrolment form and sponsorship request is required for each camp and child must be enrolled prior request being made.
- All sections are required to be filled in - unfortunately we cannot process incomplete sponsorship request forms and as a result your child could miss out on receiving sponsorship. Items marked with * are required fields.

SOME BASIC DETAILS

 **STEP 1**

Camper's Name: *

Your Full Name: *

Your Postal Address: *

Your Phone Number: *

Your Email Address:

Your relationship to camper: *

Name of Camp Attending: *

Dates of Camp Attending: *

Have you completed a camp enrolment form for this camp?*

 Yes No

→ Please complete an enrolment form before continuing

Please tell us why you need sponsorship for camp fees:

 *

OSCAR CHILDCARE SUBSIDY

 **STEP 2**

Have you ever applied to Work and Income for the OSCAR childcare subsidy?*

No → Does your family have at least one parent/caregiver can stay home and care for the children during the week of camp?

Yes → It is likely you do not qualify for OSCAR subsidies - however you can still call 0800 559 009 to check

No → Please answer the following questions...

Do you have one child and your weekly family income before tax is less than \$1400?

Do you have two children and your weekly family income before tax is less than \$1600?

Do you have three or more children and your weekly family income before tax is less than \$1800?

Do you have special circumstances where you need to care for a sick partner or need to attend regular medical treatments?

If you answer yes to any one of the above questions, then you may qualify for OSCAR subsidies towards camp fees - please call 0800 559 009 to arrange an OSCAR form to be sent to you, complete it and let the CYC office know if you are applying.

Yes → Have you ever qualified for the OSCAR subsidy?

Yes → Please apply for OSCAR subsidies again by calling 0800 559 009 to arrange an OSCAR form to be sent to you and ask for the request to be put on record

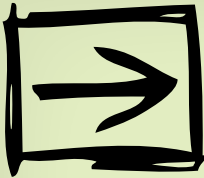
1. Complete the form and return it to Work and Income before camp starts.
2. Let the CYC office know if you are applying.

You will then need to wait until after the camp is over and the OSCAR subsidy has been approved (or declined) with subsidy payments made before you applying for sponsorship if you still require it.

No → Please tell us why the OSCAR subsidy was declined...

Please note:

- OSCAR Child-care subsidies are applied based on family income and work/study hours and may not cover full camp fees.
- For more information about OSCAR subsidies and current income rates please visit: <http://www.workingforfamilies.govt.nz/childcare-assistance/>



STEP 3

OTHER FUNDING SOURCES

Do any children in your family currently receive the Child Disability Allowance? *

No

Yes

→ All the children within the family will qualify for camp fees to be paid by Work and Income - please call 0800 559 009 to arrange and let the CYC office know.

Is your family associated with or attend a church? *

No

→ Please continue on to step four

Yes

→ Please give us your church details so we can seek sponsorship from them if available

Church Name:

Church Address:

Pastor's Name:

Pastor's Phone:

Pastor's Email:

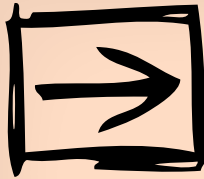
Is your family associated with or clients of any of the following organisations? *

Strengthening Families

Presbyterian Support

Anglican Family Care

Salvation Army



STEP 4

FINANCIAL SITUATION

What is your families weekly income after tax? *

How many people are in your family living at home? *

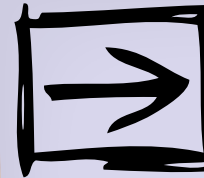
Adults

Teenagers (11 - 18 years old)

Children (0 - 10 years old)

Is anyone in your household on a benefit and if so, which one? *

How much can you afford to pay towards the camp fees so that the sponsorship fund can benefit more? *



STEP 5

DECLARATION

- I declare that the supplied information is correct and accurate to the best of my knowledge.
- I understand that the supplied information will be kept confidential to CYC office staff and used for the allocation of sponsorship funds only. It will be kept on file for auditing purposes even after the camp has past.

Caregiver's Name:

Caregivers Signature:

Date:

Last Update: 31 October 2013



OFFICE USE ONLY:

Received Date:

Approved Result: No Yes →

Approved Amount:

Approved By:

Approval Date: