



Atlantic Provinces Special Education Authority
 Commission de l'enseignement spécial
 de provinces de l'Atlantique
 5940 South Street, Halifax, Nova Scotia B3H 1S6
 902-424-8500 Fax 902-423-8700

APSEA BVI Trust Fund – Summer Camp Grant Application

Application must be submitted 4-6 weeks prior to commencement of the camp.

Name of Student:	
Description of activity:	
Other groups/individuals involved:	
Cost of Activity (itemize and estimate, If necessary): *Include total cost	
Amounts contributed by other individuals or groups (including parents/relatives, outside sources): Other sources of funding explored (attach copies of letters indicating request for funding).	
Additional Information:	
Payment should be made to (complete name and mailing address including postal code):	
<i>I hereby certify the information on this application is true and complete to the best of my knowledge.</i>	
<p>If applying on behalf of a child/family, our average total household income in each of the past two years has been:</p> <p>___ less than \$40,000 per year</p> <p>___ \$40,000-\$75,000 per year</p> <p>___ more than \$75,000 per year</p> <p>I agree that, upon request, I will provide copies of financial documents (e.g., completed income tax forms).</p> <p>I confirm that without the support available through this application, it will likely not be possible for the individual/group to participate in the identified activity.</p>	
_____	_____
Parent/Guardian Signature	Date
Itinerant Teacher Signature:	
Parent/Guardian Signature:	
Date:	