

2025 CBB of Ottawa Financial Assistance Committee Application

Please note, files will NOT be reviewed until ALL DOCUMENTS have been submitted. Kindly include this page with your submission and check each item when done if that item is applicable.

- Completion of questions 1-4
- Selection of your camp session preference
- Amount you are offering to pay toward camp fees
- Most recent T1 General for ALL parents (married/divorced/2nd spouse) or guardian(s)
- Most recent Canadian Revenue Agency (CRA) Notice of Assessment for ALL parents (married/divorced/2nd spouse) or guardian(s) sponsoring this application
- All medical/dental/health receipts
- All Jewish education/synagogue receipts
- All child care receipts
- Personal letter outlining the circumstances for making this application
- If your family is from the GTA, completion of an online scholarship application to CBB Ottawa at ujacommunityscholarships.ca. You only need to fill out the required questions in the application.

CBB of Ottawa Financial Assistance Form 2025

I/We _____, and _____, and _____ (insert full names) hereby apply for financial assistance for the upcoming season at Camp B'nai Brith of Ottawa and **we enclose herewith our most recent Income Tax Return(s)** (T1 General) **AND Notice of Assessment(s)** from the Canada Revenue Agency.

The deadline for submission is March 1, 2025.

Q1. GENERAL INFORMATION (Please print)

Total Number of Campers: _____ **Total Family Members (Parents & Children):** _____

Parent/Guardian #1:

Last Name: _____ First Name: _____

Address: _____ City: _____ Postal Code: _____

Telephone: _____ E-mail: _____

Parent/Guardian #2:

Last Name: _____ First Name: _____

Address: _____ City: _____ Postal Code: _____

Telephone: _____ E-mail: _____

Parent/Guardian #3:

Last Name: _____ First Name: _____

Address: _____ City: _____ Postal Code: _____

Telephone: _____ E-mail: _____

Child(ren) living with (circle one):

Both Parents Together Mother Father Mother & Father Alternating Other

Please make note of FULL 2025 Registration Fees before completing column H

1W1: \$1,895 / 1W2: \$1,795 / SS: \$3,625 / S1: \$6,965 / S2: \$4,475 / SF: \$9,575 /
CIT: \$9,575

****Column H is MANDATORY: How much are you (as the parent/guardian) offering to pay for the desired session?**

Application for Financial Assistance is being made for:

A	B	C	D	E	F	G*	H**
	Last Name	First Name	DOB	# of years at CBB	Received financial assistance before	Session preference* (only ONE session preference per camper)	Offering to pay amount
1					Y/N	1W1 1W2 SS S1 S2 SF CIT	\$
2					Y/N	1W1 1W2 SS S1 S2 SF CIT	\$
3					Y/N	1W1 1W2 SS S1 S2 SF CIT	\$
4					Y/N	1W1 1W2 SS S1 S2 SF CIT	\$

***Column G-Session preference (please note 2025 dates below):**

1W1: One Week - First session dates: June 29 - July 6 (available ONLY to campers having completed grades 1-4)

1W2: One Week - Second session dates: July 27 - August 3 (available ONLY to campers having completed grades 1-4)

SS: Starter Session (2 weeks) dates: June 29 - July 13 (available ONLY to campers having completed grades 3-4)

S1: First Half session dates: June 29 - July 27

S2: Second Half session dates: July 27 - August 15

SF: Full Summer session dates: June 29 - August 15

CIT: Counsellor in Training session dates: June 27 - August 15 (must attend for SF)

Other Children:

Please ensure you list ALL OTHER SUPPORTED dependents (other than those for whom Financial Assistance is being requested above). Financial Assistance is strongly linked to family size.

#	Last Name	First	DOB	Attending Other Camp?	Other Camp's Name	Financial Assistance Requested
1				Y/N		Y/N
2				Y/N		Y/N
3				Y/N		Y/N
4				Y/N		Y/N

Q2. INCOME INFORMATION

	Parent/Guardian #1	Parent/Guardian #2	Parent/Guardian #3	Current Spouse/Partner of Custodial Parent (if applicable)
Occupation				
Name of Employer				
Address of Employer				
Total Annual Gross Income from most recent tax return (2023)	\$	\$	\$	\$
Gross Income 2024 (estimate)	\$	\$	\$	\$
If unemployed, for how long?				
Child Tax Credits	\$ /month	\$ /month	\$ /month	\$ /month
Employment Insurance	\$ /month	\$ /month	\$ /month	\$ /month
Disability Pension	\$ /month	\$ /month	\$ /month	\$ /month
Support payments	\$ /month	\$ /month	\$ /month	\$ /month
Other				

Is any other person(s) (e.g. Parent/Guardian/Grandparent) or organization paying any family expenses?

NO _____ **YES** _____

If yes, then how much? \$ _____

Q3. ASSETS

A. YOUR CAR(S) Please provide information about the car(s) operated by the family unit (parent/guardian #1, parent/guardian #2, parent/guardian's current spouse or common-law partner)

	Manufacturer	Model	Year	Own, Lease, Company Car
Car #1				
Car #2				

B. YOUR HOME

Do you own your home?	YES/NO
If "YES", when purchased? (Year)	
Price Paid	\$
Current Market Value (estimate)	\$
Amount of mortgage outstanding	\$
Does your family unit own any other residences? (YES or NO) If "YES", please provide current equity	\$
Does your family unit own rental income property (YES or NO)? If "YES", please provide current equity	\$

C. INVESTMENTS AND OTHER ASSETS (Please include the approximate value)

Registered Retirement Investment Portfolio	\$
Non-Registered Investment Portfolio	\$
Stock Options	\$
Other e.g. TFSA	\$

Q4. ANNUAL EXPENSES

Please indicate your ANNUAL expenses (EXCLUDING BUSINESS EXPENSES) where applicable.

EXPENSE	ANNUAL AMOUNT 2023	ANNUAL AMOUNT 2024 (estimate)
Mortgage Payments	\$	\$
Property Tax or Rent	\$	\$
Child Care *	\$	\$
Synagogue Dues *	\$	\$
Hebrew Day/Afternoon School *	\$	\$
Other Jewish Experiences *(eg. March of the Living)	\$	\$
Medical/Dental/other health-related expenses*	\$	\$
Post-Secondary Education (Tuition ONLY) *	\$	\$
Vacation	\$	\$
Personal Credit Line(s)**	\$	\$
Other		

***RECEIPTS REQUIRED FOR THESE ITEMS**

****STATEMENTS REQUIRED FOR PERSONAL CREDIT LINE(S)**

(Please note, estimates of income and expenses will be verified through your submission of actual amounts at the end of the 2024 Year/2023 CRA filings.)

Q5. A SEPARATE LETTER (each year) outlining the circumstances for making this application is REQUIRED.

Completed Application Forms along with supporting documents (SEE BELOW) should be submitted via email to fa@cbbottawa.com.

Alternatively, completed Application Forms along with supporting documents can be submitted in sealed envelopes (marked CONFIDENTIAL) to:

Camp B’nai Brith of Ottawa , PO Box 23108, Ottawa, ON, K2A 4E2

Completed application forms will be collected and then reviewed by members of the Financial Assistance Committee ONLY.

The deadline for submitting completed Applications Forms is **March 1st, 2025**. However, be assured that your child(ren) will be considered REGISTERED pending a decision by the Committee.

Please note that the information submitted is subject to verification by the Financial Assistance Committee. The Financial Assistance Committee reserves the right to return or reject any application that is incomplete or contains false information. Should the decision of the Financial Assistance Committee be based on incomplete or false information, the Committee reserves the right to nullify its decision. Applications may be subject to review by the Financial Assistance Committee at any time.

Committee members undertake to hold all information provided in the STRICTEST CONFIDENCE.

APPLICANT'S SIGNATURE

All information given above is certified to be correct and complete in all respects and I/we hereby give the Financial Assistance Committee the authority to make the required and appropriate inquiries (**including credit checks**) in order to verify the financial information submitted. By signing this application, we are providing our consent for Camp B’nai Brith of Ottawa to collect and use personal information from us and about us for the purposes of understanding our needs and determining our eligibility for financial assistance. We agree that Camp B’nai Brith of Ottawa may keep information about us in its records for as long as it is needed for the purposes described above, even if we do not obtain financial assistance or send our child(ren) to camp. We agree that if any information changes or becomes inaccurate or out of date, we will advise the Financial Assistance Committee. We further acknowledge and agree that if we refuse or withdraw our consent, we may not qualify for any financial assistance.

Parent/Guardian #1

Parent/Guardian #2

Parent/Guardian #3