



Canadian Celiac Association

Manitoba Chapter

Lyall Meyers Memorial
Summer Camp Scholarship
Application Form

Date: _____

Name of Child: _____ Age: _____

Name of Parents or Guardian: _____

Address: _____

Phone Number: _____

Email Address: _____

CCA membership number: _____

Name of Camp selected by parents or guardian: _____

Dates of attendance: _____-to _____/20____

Amount of the Fee required for 1 week at this camp: \$_____

Information regarding why the child would like to attend this camp (a brief essay of information on the child and why the scholarship and camp would be of benefit):

Signature of Parent or Guardian: _____