



**TROLLHAUGEN LANGUAGE, ARTS  
AND CULTURE SOCIETY  
YOUTH DEVELOPMENT AWARD**

**GUIDELINES and SELECTION CRITERIA**

**Purpose:**

The purpose of this award is to provide funding for youth, who without financial assistance would not be able to attend Trollhaugen Camp. Camp will assist in their development of leadership, team building and responsibility, they will experience a variety of fitness endeavors and learn skills related to the Scandinavian Norwegian culture.

**Eligibility:**

Students are eligible for a Youth Development Award on an annual basis. Students must be accompanied by an adult at camp.

**Value:**

Each award is for a full student registration fee.

**Number of Awards:**

A maximum of ten (10) full fee awards may be given in any calendar year. Applications are open to students five (5) to eighteen (18) years of age.

**Selection Criteria:**

- (1) Total family Income will be considered

1 child -	Annual net income \$40,000.00 or less
2 children -	Annual net income \$50,000.00 or less
3 children -	Annual net income \$60,000.00 or less
4 children plus -	Annual net income \$70,000.00 or less
- (2) Distance to travel to get to Trollhaugen Camp.
- (3) Youth Development Award Applications are prioritized by date received by the camp Registrar prior to June 1<sup>st</sup> of each year.

**Deadlines:**

Applications must be received by the Registrar along with the Trollhaugen Camp Application forms no later than June 1<sup>st</sup>. Students will be informed of a decision no later than June 15<sup>th</sup>.

**TROLLHAUGEN LANGUAGE ARTS & CULTURE CAMP  
2017 YOUTH DEVELOPMENT AWARD APPLICATION FORM**

NAME OF PARENTS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Address/Box No. City /Town Province Postal Code

TELEPHONE: (H) \_\_\_\_\_ (C) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**NAME OF DEPENDENTS APPLYING FOR CAMPERSHIP AWARD**

(1) NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

(2) NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

(3) NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

(4) NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ACCOMPANYING ADULT AT CAMP: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PARENTS COMBINED ANNUAL NET INCOME (based on your last report to Revenue Canada):

\_\_\_\_\_

What is the distance from your home to Trollhaugen Camp? \_\_\_\_\_

Have you applied for other subsidies to attend camp this year? \_\_\_\_\_

Signature(s) \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Mail to:  
Trollhaugen Language Arts & Culture Camp  
c/o Megan Hansen, Registrar  
153 Nash St  
Red Deer, AB T4P 1N3

[troll.registrar@gmail.com](mailto:troll.registrar@gmail.com)

Application Deadline: June 1, 2017