



Camp Chamisall Matching Grant Application

Undergraduate students attending Ambrose University who receive financial support from Camp Chamisall can have that support matched by Ambrose up to \$1,000/academic year. This grant is only available for the fall and winter semesters.

Please note:

1. Applications for the Camp Chamisall Matching Grant Program must be completed by June 15th.
2. Funds for the Camp Chamisall Matching Grant Program are limited. Once all funding has been committed, no additional grants will be given.
3. Students must demonstrate financial need to be eligible for Ambrose's portion of the matching grant.

Student Section

Eligibility:

Students must be enrolled in a minimum 12 credit hours in each fall and winter semester, have achieved a minimum cumulative GPA of 2.0 at the beginning of the fall semester, and receive approval from the Camp Director. Financial need must be demonstrated. Preference is given to students who have served 2 summers at camp.

Service Pledge

By signing below, you are indicating your intention to serve next summer at Camp Chamisall. I understand that this is a condition of the award.

Name: _____ Student ID#: _____

Student Signature

Date

Camp Chamisall Section

To be completed by the Director

Name: _____ Email: _____

Phone: (____) - _____ Amount of Support: _____

By signing below, I am confirming:

- ☐ I understand that Ambrose University will match **up to \$1,000** of Camp Chamisall's contribution. This eligibility is based on Ambrose's financial need assessment.
- ☐ The Camp Chamisall portion of the award was not funded from anyone related to the student.
- ☐ I recommend this student as a recipient of the Camp Chamisall matching grant and look forward to having him/her return as a member of our team.

Payment Details:

- ☐ Funds must be **made payable to Ambrose University**. Any funds sent directly to the student will not be matched.
- ☐ Please write student name and Ambrose ID # on the memo line of the cheque. Personal cheques will not be accepted.

Director Signature

Date

Return this form to:

Ambrose University
Financial Aid & Awards Office
150 Ambrose Circle SW
Calgary, AB
T3H 0L5

Ambrose Office Use Only

Form received on: _____ Ambrose matching portion: _____
Approved by: _____ Cheque sent to Finance: _____

Notes: _____