



# Early Investment in Education and Skills

## Support for Summer Science Programs

### Applicant Information

Name:	Age:
Address:	
Phone:	Email:
Parent/Guardian name:	

### Summer Camp Opportunities

Skills Ontario Summer Camp	
Location:	Date:
Do you require transportation assistance:	

Discover Western Science Camp	
Location:	Date:
Do you require transportation assistance:	

STEM Science Camp	
Location:	Date:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Applications received will be reviewed for approval. Program funding is limited.

Contact Information:  
Kelly Lush, Township of Huron-Kinloss  
[klush@huronkinloss.com](mailto:klush@huronkinloss.com) 519-395-3735

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For Internal use only

Pre-approval date:	Receipt of payment received:
Submitted for payment date:	

Authorized Signature \_\_\_\_\_