## Big Lakes County Library Board -Youthwrite Summer Camp Application Form

APPLICANT INF	FORMATION	
APPLICANT(S):		
MAILING ADDRESS:		HAMLET/TOWN:
PROVINCE:	POSTAL CODE:	TELEPHONE:
PHYSICAL ADDRESS:		EMAIL ADDRESS:
AGE OF STUDENT	(MUST BE BETWEEN 11-17	YEARS OLD:
Thank you for ta	aking the time to appl	y for the Youthwrite Summer Camp!
☐ Are you a Big	Lakes County Resider	nt? (must be County resident to qualify)
story or essay (o stating/depictin reason(s) that the	completed on applicat g why they would like	of the applicant's writing, either 75 words of poetry, a 250-word tion form), or a 1-page comic with a minimum of 3 panels, to attend the camp. The submission needs to include the e to attend the camp. You are welcome to use additional paper
		parent describing the applicant's writing ability and reasons for g information about financial need.



\$1,600 per c	child. The children will be selected fror that the Library Board will select appl	cion and provide subsistence, for a total of 2 children, up to n two different ages groups for the 2024 Youthwrite Summer cants based on enthusiasm for attending the camp and
	ful applicants will be notified via email t information portion of the form.	. Please ensure you have indicated the correct email address in
Applicatio	n Deadline: April 30, 2024.	
	Applications can be s	ubmitted to Susan Moody, Librarian
		arian@kinusolibrary.ab.ca
		x 6, Kinuso AB T0G 1K0
		at the Kinsuo Library located inside the Kinuso School.
	or drop on your application in person	at the Milsuo Library located marae the Milaso School.
OFFICE US	DE UNLY	
RECEIVED D	ATE:	SIGNED:

3 PANEL (OR MORE) COMIC: