

CAMPERSHIP APPLICATION

For any Accredited Connecticut Based Summer Camp

This application is considered CONFIDENTIAL and will be reviewed only by the SCHOLARSHIP COMMITTEE.

Name of prospective camper: _____

Address: _____ Phone: _____

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Affiliation with First Congregational Church: Member _____ Friend _____

Grade in school next Fall: _____ Age: _____ Birthdate: _____

SESSION DESIRED Session 1 _____ Session 2 _____ Session 3 _____ Session 4 _____

Session 5 _____ Session 6 _____ Session 7 _____

Has child been to camp before? _____ Received campership before? _____

It is necessary to have campership assistance because _____

We want our child to attend camp because _____

We (PARENTS) understand we need to pay any registration fees required by certain camps prior to being able to apply for Campership. The camp will advise us to if you have done so prior to our meeting!

SIGNATURE OF PARENT _____

If attending Camp Claire a \$250 deposit is required for each session. \$100 of the total deposit is non-refundable!

THIS FORM MUST BE RETURNED TO CHURCH OFFICE NO LATER THAN MAY 1ST OF THIS YEAR

Approved by Committee-----YES OR NO

Revised 3/28/14