



Friends of Camp Turner
2020 Campership Application

For Internal use only:

Approved:

Amount Awarded:

Camper Information:

_____ M / F
Camper's Last Name Camper's First Name M.I. Gender

_____ City State Zip Code
Street

_____ Age Former Camper? (Yes or No)
Date of Birth

Other camps attending this summer:

Amount Requested from Friends of Camp Turner: _____

Parent /Guardian Information:

_____ Relationship to Camper
Last Name First Name

_____ Relationship to Camper
Last Name First Name

_____ State Zip Code
Street City

_____ Cell Phone
Home Phone Work Phone

_____ Email Address (required):

_____ Number of dependents in household
Number of wage earners living in household

_____ Expected household income this year
Reported Household Income Last Year

Other Assistance:

Is camper already receiving direct financial assistance from Camp Turner? Y / N

If yes, what is amount: _____

Is camper receiving financial assistance from another agency? Y / N

If yes, what is amount: _____

Agency affiliation (if any)

Street Address	City	Zip Code
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Telephone Number	Email Address	Contact
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Additional Questions:

Parent /Guardian please attach an additional page or use the back of application if needed:

Reason you are requesting financial assistance.

What specific special or non-financial circumstances that you would like us to consider in our award determination.

Please include the reason you chose Camp Turner.

What you hope your child will gain from the experience.

I understand that the camperships are administered by the *Friends of Camp Turner, Inc.*, not Camp Turner itself. **Camp Turner is not responsible for award determinations.** Awards are based on funds available. I agree that I am responsible for any portion of camp fees not covered by campership grants, will send the registration down payment with camper registration and certify that all information provided is true and accurate.

Signature of Parent / Guardian (Required) **Date**

Please mail completed applications to:

**Friends of Camp Turner
Attn: Campership Committee
P.O. Box 51
Tonawanda, NY 14150**

Contact us at:

friendsofct@gmail.com