

*Parent / Guardian: Please attach an additional page or use the back of this to tell us:
Why 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 we have available. I agree that I am responsible for any portion of camp fees not covered by campership grants. I agree to send the registration downpayment with the campers registration.

I 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**

friendsofct@gmail.com