

Friends of Camp Turner

2017 Campership Application

Camper Information:

Camper's Last Name	Camper's First Name	M.I.	M / F Gender
Street	City	State	Zip Code
Date of Birth	Age	Former Camper? (Yes or No)	

Other camps attending this summer:

Parent /Guardian Information:

Last Name	First Name	Relationship to Camper	
Last Name	First Name	Relationship to Camper	
Street	City	State	Zip Code
Home Phone	Work Phone	Cell Phone	

Email Address (required):

Amount Requested from Friends of Camp Turner

Number of wage earners living in household	Number of dependents in household
Reported Household Income Last Year	Expected household income this year

Amount of aid expected from other agencies

Street Address	City	Zip Code	Agency affiliation (if any)
Telephone Number	Email Address		Agency Contact Person

*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 to send the registration downpayment with the campers registration.

I agree that I am responsible for any portion of camp fees not covered by campership grants.

I certify that all information provided is true and accurate.

Signature of Parent / Guardian

Date

**Please mail completed applications to:
Friends of Camp Turner
Attn: Campership Committee
P.O. Box 51
Tonawanda, NY 14150**

www.friendsofcampturner.org
friendsofct@gmail.com

For Internal use only:

Approved:

Amount Awarded: