

CAMPERSHIP APPLICATION

Confidential

PARENT OR GUARDIAN MUST FILL OUT FORM. FAMILY INFORMATION IS CONFIDENTIAL.

CAMP YEAR: _____**DEADLINE:** _____

**Campership applications
must be received by
March 31st of camp season.**

MAIL COMPLETED FORMS TO:

Cornell Cooperative Extension of
Nassau County
Attn: 4-H Camp Office
PO Box 148
East Meadow, NY 11554

GENERAL INFORMATION

Camperships are the preferred way of making awards toward a camp session. We challenge the family to raise part of the fee. If your family situation is such that you require additional consideration, you can attach additional information to this application.

The parent/adult and the camper must complete the back of this application.

WHAT CAMP SESSION(S) ARE YOU INTERESTED IN ATTENDING?

- ☐ 1 ☐ 2 ☐ 3 ☐ 4
☐ 5 ☐ 6 ☐ 7 ☐ 8

Have you already registered for camp?

- ☐ Yes ☐ No

To assist the Selection Committee in awarding Camperships to as many youngsters as possible, please indicate the amount you are requesting toward **ONE** session.

- ☐ \$100 ☐ \$200 ☐ \$300

**CAMPERSHIPS ARE MADE POSSIBLE
THROUGH PRIVATE DONATIONS AND
ARE AVAILABLE FOR POTENTIAL
CAMPERS.**

Camper name _____

Last

First

Date of birth _____ Current grade _____

Street address _____

Town _____ Zip _____

Phone number () _____

School child attends _____

Child lives with ☐ Both parents ☐ Mother ☐ Father ☐ Guardian ☐ Other

Father's occupation _____

Employer _____

Mother's occupation _____

Employer _____

Ages of children living at home: _____Are you presently receiving any form of public assistance? ☐ Yes ☐ NoIs this the first camping experience (sleepaway) for your child? ☐ Yes ☐ NoDid your child receive a 4-H Camp Campership in the past? ☐ Yes ☐ No

If "Yes", what year? _____

Family income after taxes:

- ☐ \$10,000 - \$20,000 ☐ \$ 20,000 - \$30,000 ☐ \$30,000 - \$40,000 ☐ \$40,000 +

**AS A PARENT OR GUARDIAN, I ATTEST TO THE FACT THAT THE ABOVE
INFORMATION IS ACCURATE AND COMPLETE.**

Signature _____

Date _____

Address _____

(if different from child's address)

Town _____ Zip _____

FOR OFFICE USE ONLY:

Date rec'd. _____ Amount _____

Action taken _____

PARENT/GUARDIAN

PLEASE COMPLETE:

Why are you interested in our Nassau County 4-H Camp? If your child has attended our camp in the past, how has it impacted their lives?

(You can use this space or attach a page.)

Please tell the committee how a camper-ship will help you and your family:

How did you learn about 4-H Camp?

CAMPER

MUST TELL US:

Why would you like to attend our camp?

(You can use this space or attach a page.)

What would you like to learn at DPF 4-H Camp?

Campers grades 8 and up:

Do you think you would like to be a camp counselor in the future?

☐ Yes ☐ No

If yes, attach a page and tell us why.

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