



2026 CAMBERSHIP APPLICATION

Child Name _____ D.O.B. ____/____/____ Gender M / F Grade as of SEPT '26 _____

Desired Camp Program(s): Full Season _____ Flex 30 Day _____ Flex 25 Day _____ Half Season _____ Flex 20 Day _____

Please consider my child for the following Camperships (check all that apply):

- _____ **Ben Appelbaum Campership-** *For Families in Need of Financial Assistance.* The Ben Appelbaum Campership allows families to select **any camp program** for a **reduced tuition rate**. If a Flex Program is chosen, any available dates may be selected by the family. Transportation is included if needed. Families will be responsible for an indicated **tuition amount** based on income and camper age.
- _____ **Ultra Flex Campership-** *For Families with Ultimate Flexibility.* The Ultra Flex Campership provides a **reduced tuition rate** in exchange for **camp date flexibility**. The Camp Director will review group availability and provide the family with open camp dates in their age group. If the camper accepts, approved dates are then submitted by the Camp Office. This campership does not include bus transportation.
- _____ **Campmates Memorial Scholarships-** *For Families with a Special Story.* Campmates Scholarships are in memory of influential members of our Rolling River community. Recipients are awarded **complimentary Half Season tuition** and **no tuition is owed**. There are four scholarships awarded each year and priority is given to children in Lower Camp (Nursery to 2nd grade).

After application is submitted, family will receive a letter indicating the options and corresponding campership amounts. Family may accept or deny campership after receiving acceptance letter. If not yet enrolled, a deposit of \$1,000 must accompany the online camper enrollment form.

How did you find out about our Campership Program? _____

Camp program attended in 2025 _____ School attended in 2025– 26 _____

Parents' Marital Status (M) _____ (D) _____ (S) _____ (W) _____

Parent#1 Name/LegalGuardian _____

P1 Address _____ P1Town _____ Zip _____

P1 Home Phone # _____ Cell # _____ P1 E-mail _____

P1 Employer _____ Employer Address _____

Employer Town _____ Employer Zip _____ Work Phone # _____

Parent#2 Name/LegalGuardian _____

**If Parent 2 address is the same as above, only complete Cell, Email and Employer Information*

P2 Address _____ P2Town _____ Zip _____

P2 Home Phone # _____ Cell # _____ P2 E-mail _____

P2 Employer _____ Employer Address _____

Employer Town _____ Employer Zip _____ Work Phone # _____

PLEASE ATTACH THE FOLLOWING DOCUMENTS:

- **Copy of the first two pages of your 2025 income tax return form #1040** and any other pertinent information regarding income (i.e. if receiving additional financial support from other individuals). Any false statements will result in your child's dismissal from camp and no refund will be issued. Please note**Our policy states that for those families accepting a campership at a reduced rate for Upper Camp (3-10 grade), the child will not be permitted to attend any optional trips that required additional payment.
- **Attach a brief letter to explain why you are applying for a campership**
- **If this is your child's FIRST summer at Rolling River**, you will need **2 WRITTEN REFERENCES** ABOUT YOUR CHILD ON OUR REFERENCE FORMS. (Reference must be a non-relative such as a teacher, religious community or athletic leader, pediatrician, etc.) Attach any additional information you believe will be helpful in reaching a decision.

Parent/Guardian Name

Parent/Guardian Signature

Relationship to Child

Date