

Friends of Camp Turner, Inc.
Campership Application (2009)

This application is to assist in identifying circumstances that might prevent a child from attending Camp Turner. It is not an application to Camp Turner. Camperships may be limited to certain sessions and are made based on available funds. Please complete a separate application for each child seeking a Campership. Please be advised that a personal or telephone interview may be requested prior to approval. All information on this form is confidential. Applications will be reviewed after June 1st. You will receive a letter by mail as soon as a determination of assistance is made. Determination is made on the basis of circumstances as well as income. You must indicate if you expect to receive aid from any other source for attendance at Camp Turner. Failure to disclose other aid sources could result in withdrawal of assistance.

Camper Information:

| | | | |
|-----------|------------|------|--------|
| Last Name | First Name | M.I. | 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 | M.I. | Gender |
|-----------|------------|------|--------|

| | | | |
|-----------|------------|------|--------|
| Last Name | First Name | M.I. | Gender |
|-----------|------------|------|--------|

| | | |
|------------|------------|------------|
| Home Phone | Work Phone | Cell Phone |
|------------|------------|------------|

| | | |
|--|----------------------------------|--------------------|
| Number of People living in household income this year | Gross Household Income Last Year | Expected household |
|--|----------------------------------|--------------------|

Agency Affiliation:

| | | | | |
|-----------------------|----------------|------|-------|----------|
| Name of Agency if any | Street Address | City | State | Zip Code |
|-----------------------|----------------|------|-------|----------|

| | | |
|-----------------------|------------------|---------------|
| Agency Contact Person | Telephone Number | Email Address |
|-----------------------|------------------|---------------|

Amount of aid expected from agency

Amount Requested from Friends of Camp Turner

Parent / Guardian: Please tell us about any specific circumstances that you would like us to consider, or any other information that will help us make a determination. Please include the reason you chose Camp Turner, as well as what you hope your child will gain from the experience. Thank you. (For additional space, continue on back)

All applications will be compiled and considered after June 1st. Campership awards will be determined by individual situations and availability of funds. Recipients will be notified by mail on or about June 15th. After you have received your award letter and certificate, you will be required to send your certificate to Camp Turner along with any balance due. Do not contact Camp Turner until that time.

I understand that all decisions made regarding the amount of camperships are based on available funds, and that the Campership Fund administered by the *Friends of Camp Turner, Inc.* are not the responsibility of Camp Turner. I further understand that the Campership funds may be limited to certain sessions of camp.

I agree to be 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

Applications will be considered beginning: June 01, 2009.

Funds may be limited.

Please mail completed applications to:

Friends of Camp Turner

P.O. Box 51

Tonawanda, NY 14150

www.friendsofcampturner.org