

CAMPERSHIP FUND APPLICATION

Spruce Lake Day Camp

5389 Route 447 CANADENSIS, PA 18325 Office Phone: 570-595-7505 Fax #: 570-595-0328

BACKGROUND

The Spruce Lake Day Camp CAMPERSHIP FUND was established to provide financial assistance to campers who are otherwise not able to pay full camp tuition. It is our desire that the Day Camp experience is available to every child for at least one week of camp regardless of ability to pay the full tuition.

HOW TO APPLY

1. If the camper is involved in a church, ask your pastor if the church can provide assistance for camp tuition. If so, indicate the amount of tuition assistance the church will provide in #4 of the Campership Request section of the application. If no assistance is available, write "0".
2. Send in your application with a minimum of \$100 nonrefundable registration fee AND your registration form (if not already submitted). (The \$100 fee goes toward your Day Camp tuition.)
3. We will notify you, as soon as we can, regarding the status of your Campership. If you are not granted a campership for some reason, and you choose not to attend for this reason, the camp will refund your deposit.

Mail application with registration (if not submitted):

Spruce Lake Day Camp
5389 Route 447
CANADENSIS, PA 18325

GENERAL INFORMATION

If, as the requestor, you are not an immediate family member, we ask that you complete this form in full cooperation with the camper's parents or guardians.

Campership funds go toward regular tuition of the 9am to 4pm program. Campership funds do not apply to add-on fees such as before/after care.

Campership eligibility is determined based on income. If you qualify for the Tier 1 Campership, tuition will be reduced to \$130/week or \$26/day. The Tier 2 Campership reduces tuition to \$150/week or \$30/day.

CAMPERSHIP REQUEST

Requestor Information - (parent / guardian / friend)

Full Name - _____ Relationship to Camper - _____

E-mail Address - _____ Home Phone Work/ Cell Phone- _____

Camper Information

Full Name - _____ Date of Birth- _____

Parent / Guardian (s)- _____

Household Information

1. Do any household members currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

Enter the Case Number here: _____

2. How many members are in your household (anyone living with you who shares income & expenses, including children, even if not related)? _____

List ALL Household Members:

First Name	Last Name	Income (List total gross income (before taxes) from all sources)	Frequency of Income			
			Wkly	Bi-Wkly	2x/Mo	Monthly

3. What is the number of weeks of camp you are seeking to attend? _____
4. Please list any additional services needed (before care/after care) _____
5. Do you qualify for the free/reduced school lunch program? -----> YES NO
6. Is the camper connected with a particular church (circle)? -----> YES NO
7. If yes, would you please check with your church to see if financial assistance is available?
What amount has the church committed towards the camp tuition? -----> \$_____

The church contact listed under references should be responsible for sending any financial contributions to:

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6. Please briefly share the reason for the Campership request (attach another page if space is limiting).

REFERENCES

Please do not use immediate family members as references.

- 1.
- 2.

Church Contact (if no affiliation, provide a 2nd reference): _____