



**CAMPER'S NAME:** PLEASE PRINT

**Parent or Guardian's Name:**

**Person filling our form:**

**Best ways to contact you: email/phone/etc.**

**CAMP SESSION DATE:**

Choice 1: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Program: \_\_\_\_\_

Choice 2: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Program: \_\_\_\_\_

**YWCA MEMBERSHIP:**

No Past Current:

Branch \_\_\_\_\_ Exp: Date \_\_\_/\_\_\_/\_\_\_

**Has your child ever attended any type of camp before? How long? Where?**

**What other camps will your child be attending this year? Which will be with Campership or aid?**

**Why do you feel your child should be considered for a campership? Use other side if needed**

**HOUSEHOLD INCOME:**

Most of the organizations that fund our campership program require that the camperships be based on household income; therefore, an estimate of that

income is necessary in order to make a fair judgment. All of this information will be treated confidentially.

Household income \_\_\_\_\_

Number of people in household: \_\_\_\_\_

**Please note other circumstances:**

**ALL CAMPERSHIPS REQUIRE A FAMILY CONTRIBUTION OF A MINIMUM OF \$50.00 per child.** The more you can contribute the more children we can help.

**Family can contribute: \$** \_\_\_\_\_  
(Due 2 weeks prior to camp session)

**Camper can contribute: \$** \_\_\_\_\_  
(Due the day camp starts)

We encourage kids to take part in fundraising!

**IMPORTANT:**

Proof of income must be attached to this application to receive financial aid. This can include pay stubs for people in household, tax information, proof child is on school lunch program, etc.

**PLEASE SEND TO CAMP:**

- Campership Form
- Summer Camp Registration Form
- Proof of Income

**DO NOT SEND A DEPOSIT YET!** We will contact you if campership funds become available and let you know the amount we are able to offer.

**YWCA Camp Cavell**

3335 Lakeshore, Lexington, MI 48450

810-359-2267 Fax 810-359-2430

Email: [cavell@campcavell.org](mailto:cavell@campcavell.org) / <http://campcavell.org>

**I AFFIRM THAT THE INFORMATION ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE.**

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_/\_\_\_/\_\_\_

**OFFICE USE ONLY:** Date Received: \_\_\_/\_\_\_/\_\_\_ Interview Date: \_\_\_/\_\_\_/\_\_\_ Interviewer: \_\_\_\_\_

**RECOMMENDATION:** Session: \_\_\_\_\_ Campership Amount: \$ \_\_\_\_\_ **NOTES:** (Sent, Called, Actions)