Endless Mountains Nature Center

Received: _____ Award %: _____

Confidential Campership Application

1309 Vosburg Rd, Tunkhannock, PA 18657 * 570-836-3835 * EMNCinfo@yahoo.com * www.EMNConline.org

Please Read Carefully

1. Use only one campership form per family. Camperships apply to two sessions per child per season.
2. Only campership forms filled out completely and accompanied by requested materials will be considered.
3. Financial assistance is for a one-year period. A new application must be completed each year.
4. All forms must be signed.
5. Financial assistance of 20%, 40%, 60%, or 80% of a camp program for each child is determined by the financial need or extenuating circumstances that has affected the family.
6. Mail this form back with correct postage to the address given on the top of this form.
7. You may make photocopies of this form if needed.

Parent/ Guardian applying for assistance: Date: _____

First Name: _____ Last Name: _____Email: _____

Home Address:_____Town:_____Zip_____

Daytime Phone: _____ Cell Phone:_____ _____

How many people (dependents or other) are living in this residence?_____

Applicant's employer:_____ Phone: _____
___full time ___part time ___self employed ___seasonal work hours per week _____

Spouse/ Other Person's employer:_____ Phone: _____
___full time ___part time ___self employed ___seasonal work hours per week _____

Current Annual Household Income: $_____ / Year (includes alimony, disability etc.)
(Must attach documentation in support of all income)

Check if you receive any of the following:
___ Food Stamps ___ WIC ___ Free School Lunch ___ Reduced School Lunch

Was your family nominated by a teacher or community group? Yes / No Please List: _____
Which child/ren are you interested in enrolling in our Nature Day Camp? _____

Please take some time to explain what other reasons your child/ren should receive a campership to the Endless Mountains Nature Center's Camp Program.

I declare that all information on this form is true and accurate. I understand that any person who knowingly and with intent files an application containing any false, incomplete or misleading information may have benefits revoked and be held personally responsible for all illegally obtained benefits.

Signature: _____Date:_____

Mail this Form to the address listed above.