



Camp Blue Spruce Campership Application

Please fill out this form completely. Financial assistance is based on several factors and completion of this form is not a guarantee of financial assistance. Applications are due by March 31.

| | | | |
|---------------------------------|--|------------------------|------------------|
| Participant's Name: Last | | First | Middle |
| Street Address: | | City/State/Zip: | |
| First Parent or Guardian: | | Relationship: | Home/Cell Phone: |
| Occupation: | | Employer: | Email: |
| Second Parent or Guardian: | | Relationship: | Home/Cell Phone: |
| Occupation: | | Employer: | Email: |
| | | Work Phone: | |

| Monthly Income From All Sources | | |
|--|----------|----------|
| | Gross | Net |
| Income (salary, wages, Commissions, etc.) | \$ _____ | \$ _____ |
| Agency Subsidy (SSI, AFDC, SSD, food stamps, medical aid) | \$ _____ | \$ _____ |
| Other (alimony, child support, rental property, investments, etc.) | \$ _____ | \$ _____ |
| TOTALS | \$ _____ | \$ _____ |

Please list the total number of people in your household living on the above income: _____

You MUST provide monthly income verification (W-2, Paystubs, Voucher, SSI, etc.)

Every camper must pay at the \$150 deposit. Base camp fee for regular camp is \$850. Teen camp is an additional \$85.

Amount I am able to financially contribute, including \$150 deposit: \$ _____

Has your child attended Camp Blue Spruce before? No _____ Yes _____

Has this child received Financial Aid for this camp before? No _____ Yes _____ Number of times: _____

Complete the following page _____ →

Please complete the following questions. Feel free to attach extra pages if necessary.

Describe why this youth wants to attend Camp Blue Spruce. Tell us your child's favorite activities and how you believe Camp Blue Spruce would enrich their life. (Drawings or writing from youth are encouraged, you may include additional pages.) *Information provided in this question may be used in Camp Blue Spruce materials. Names will be kept confidential.*

In order for us to better understand your situation, please give a brief description of your financial need (unemployment, underemployment, excessive medical costs, etc. You may attach additional pages) and any other emotional, physical or environmental information pertinent to this application.

I declare that the aforementioned statements, to the best of my knowledge and belief, are true and correct. If requested to do so, I can or have provided substantiation of all facts including my current income. I agree to inform Camp Blue Spruce of any changes in my financial status. My signature below allows Camp Blue Spruce to use my story and or images for fundraising or other promotional purposes. I understand that my financial and personal information will remain confidential.

First Legal Parent or Guardian Date

Second Legal Parent or Guardian Date