



3335 Lakeshore
Lexington, MI 48450
810-359-2267
campcavell@gmail.com

CAMP CAVELL CONSERVANCY KID'S SUMMER/DAY CAMP CAMBERSHIP APPLICATION

Please complete this application form and send to Camp Cavell. We will contact you after your application is submitted with the awarded amount. Camperships is available on a first come, first received basis and/or until funds are depleted. Proof of Income must be submitted with this application to receive financial aid. This can include pay stubs, income tax returns, school lunch program, copy of SSI award etc. **Notifications regarding campership awards are generally made by email.*

Child's Name _____
(Each child must have separate application)

Complete Home Address _____
(House Number & Road/Street Name)

(City) (State) (Zip Code)

Name of Child's School _____ **City** _____

Grade in Fall _____ **Child's Current Age** _____ **Date of Birth** ____/____/____

Person filling out form _____ **Relationship** _____

Parents or Guardian's Name (Please print neatly and list functioning contact numbers and email address)

Mother

Address _____

Home & Cell Phone _____

Email(required) _____

Father

Address _____

Home & Cell Phone _____

Email(required) _____

Guardian

Address _____

Home & Cell Phone _____

Email(required) _____

Child lives with: ____ MO ____ FA ____ Guardian ____ Other (relationship _____)

Why should this child be considered for a Campership?

Household Income:

Mother \$ _____

Father \$ _____

If family receives SSI benefits, please provide case number _____

Is Family receiving Food Stamps? ___ Yes ___ No Other aid? Please specify _____

Number of persons in household where child lives _____

Names of any siblings you are requesting campership assistance for and please give full names of each child.

Has this child received any other camperships from other camps. If so, what camp?

Are there any extenuating circumstances you would like us to consider:

**Only a limited number of campership slots are available for each session. Males are limited to the last two (coed) weeks. Earlier sessions can more easily accommodate female campers. Generally, campership funds do not cover bus transportation \$12.50(one-way) - \$25(round trip). Additionally, ALL families are expected to contribute a portion of the money needed for the child's camp session.

Camp Session your child would like to attend:

First Choice: dates _____ program name _____

Second Choice: dates _____ program name _____

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

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** ___/___/___

PLEASE SEND A COMPLETED **CAMPERSHIP APPLICATION** AND
SEND YOUR **PROOF OF INCOME**.

TO: CAMP CAVELL CONSERVANCY 3335 Lakeshore Lexington, MI 48450
Fax 810-359-2430 Phone 810-359-2267 Email campcavell@gmail.com