

New York Annual Conference of the United Methodist Church
Camp Financial Aid Application

QUINIPET CAMP & RETREAT CENTER

**If you receive government assistance or free/reduced school lunches at this time,
please contact Quinipet at 631-749-0430 for a SCOPE Scholarship application.*

Thank you!

Camper's Name: First _____ MI ___ Last _____

Camper's Age: _____ Camper's date of birth: _____

Parent(s) Name: _____

Address: _____
No. & Street Apt #

City State Zip Code

Home phone #: _____ Cell phone #: _____

Email address: _____

** I certify that all the information in this application is true and correct. I consent to the use of photographs, letters, and images taken of my child for use in brochures and media. I understand that I must complete all of the paperwork requested by the camp, and a physician must complete the medical form sent by the camp. I understand that this summer camp opportunity is a privilege provided courtesy of the NYAC United Methodist Church and I will make sure that my child arrives promptly at camp on the designated start date. I understand that the application to the NYAC United Methodist Church Scholarship Program does not guarantee participation. I further understand that the NYAC United Methodist Church Scholarship Program is merely a funder for this project and is not liable for any issues between the camp and an enrolled child.

Signature of Parent/Guardian

Printed Name

Date

Name & address and District of your church: _____

Program you are applying for: _____

Have you attended any of the NYAC camps? _____ Which camp? _____

Briefly describe your previous camping experiences, both at NYAC camps and elsewhere.

What do the camper and his family expect from this new camp experience?

Are there other household members also attending camp? List first names and where they are enrolled. Camper name: _____

Total number of adults in household: _____ # of children _____

Total Monthly Income: \$ _____

- **Attach copy of tax return form from 2010
(1040, 1040A, or 1040 Easy)**

**Please omit schedules*

Please tell the NYAC Camps Scholarship Committee why this camper is deserving of financial assistance. Attach another page, if needed.