

**New York Conference of The United Methodist Church**  
**Camp Scholarship Application 2018**

**QUINIPET CAMP & RETREAT CENTER**

Do you receive government assistance or free/reduced school lunches?

\_\_\_ YES\* \_\_\_ NO

\*If you answered "YES" to the above question, please provide us with a letter from the school confirming your participation.  
You do not need to send us your tax return.

Camper's Name: First \_\_\_\_\_ Mi \_\_\_\_\_ Last \_\_\_\_\_

Camper's Age: \_\_\_\_\_ Camper's date of birth: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street Address

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Camp Program you are applying for: \_\_\_\_\_

Have you attended any of the NYAC camps? **Yes | No** ( if yes, which camp? \_\_\_\_\_ )

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

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

Are there other household members also attending camp?\* List first names and where they are enrolled. \*we consider the total number of children per household in lieu of a "sibling discount."

Camper: \_\_\_\_\_

Camper: \_\_\_\_\_

Camper: \_\_\_\_\_

Total number of adults in household: \_\_\_\_\_ Number of children: \_\_\_\_\_

Total Monthly Income: \$\_\_\_\_\_

- Attach copy of tax return form from 2017 \*\* \*\*\*  
(1040, 1040A, or 1040 Easy)  
\*\*Attach if not on public assistance  
\*\*\*Please omit schedules

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