

New York Conference of The United Methodist Church
Camp Scholarship Application 2020

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 if this applies.

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 2019 ** ***
(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. To register for Camp please complete our online camper application via www.quinipet.org. Please indicate "Pay by Check" on the Financial Page to move through to the end of the application and submit. Any and all scholarship recipients will be notified by May 1, 2020.

