

**New York Conference of The United Methodist Church
Camp Scholarship Application 2021**

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.

Camper's Name: First _____ Mi ___ Last _____

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

Parent(s) Name: _____

Address: _____

Street Address _____

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 or your child 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 **2020** ** ***
(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.

Scholarship Application Due Date: April 16, 2021

Any and all scholarship recipients will be notified by May 15, 2021

Please contact us with any questions you may have! quinipet@nyac.com Thank you and be well!