



Kalamazoo Nature Center Camp

Confidential Campership Application

Received: _____
Award %: _____

Please Read Carefully

1. Use only one campership form per family. Camperships apply to one program per child per season.
2. Only campership forms filled out completely and accompanied by requested materials will be considered.
3. Financial assistance is for a one-year period. A new application must be completed each year.
4. All forms must be signed.
5. Financial assistance of 20%, 40% 60% 80% of a camp program for each child is determined by the financial need or extenuating circumstances that has affected the family.
6. Mail this form back with correct postage to the address given on the reverse side of this form.
7. You may make photocopies of this form if needed.

Date: _____

Parent/ Guardian applying for assistance:

First Name: _____ Last Name: _____ Email _____

Home Address: _____ City: _____ Zip _____

Home Phone: _____ Work Phone: _____ Cell _____

How many people (dependents or other) are living in this residence? _____

Applicant's employer: _____ Phone: _____

___ full time ___ part time ___ self employed ___ Seasonal work hours per week _____

Spouse/ Other Person's employer: _____ Phone: _____

___ full time ___ part time ___ self employed ___ Seasonal work hours per week _____

Current Annual Household Income: _____ / Year (includes alimony, disability etc.)

(Must attach documentation in support of all income)

Check if you receive the following ___ Food Stamps ___ WIC ___ Free School Lunch ___ Reduced School Lunch

Was your family nominated by a teacher or community group? Yes / No Please List: _____

Which child or children are you interested in enrolling in our Nature Up Close Summer Camp?

Please take some time to explain what other reasons your child/ren should receive a campership to the Kalamazoo Nature Center's Camp Program.

I declare that all information on this form is true and accurate. I understand that any person who knowingly and with intent files an application containing any false, incomplete or misleading information may have benefits revoked and be held personally responsible for all illegally obtained benefits.

Signature: _____ Date: _____