

Camp Location: \_\_\_\_\_

**Stimulating Summers, Enriching Young Lives**  
**Daycamp**  
**Campership Application**

Complete and return this form for a child who needs financial assistance to attend Stimulating Summers Daycamp. Campership applications are reviewed by a volunteer committee. Selection and amount granted is based on the financial needs of the applicant and the money available to the committee.

**All information will be kept confidential.**

**This application is due by June 15<sup>th</sup>, 2018.**  
**Reminder: Camp may fill before this date.**

**Parent or Guardian - please provide the following information:**

Name of Applicant: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Child's Age \_\_\_\_\_ Grade (on Jan 1, 2009) \_\_\_\_\_

Name(s) of Parents or Guardians: \_\_\_\_\_

Day Phone(s) \_\_\_\_\_ Eve. Phone(s) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

How many dependent children in your family? \_\_\_\_\_

How many children in your immediate family will attend this camp? \_\_\_\_\_

What other camp(s) are your children attending this summer? \_\_\_\_\_

Describe the circumstances that cause you to request financial aid: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OVER**

Camp Location: \_\_\_\_\_

**This portion to be in child’s words – parent may help write.**

The staff of the Stimulating Summers Camp requests that campers make a special individual effort to “give back to their community” in return for receiving this grant. Ideas could include (but are by no means limited to) helping an elderly person with chores or errands, visiting the nursing home, litter pick-up, planting flowers or ground-cover in a public area, donating time or expertise to a Fair Grounds project, extra help with clean-up at the end of camp, etc. Please describe below **your** plan for this community service contribution. Include the amount of time you estimate it will take. You and your parent will be responsible for completing **your** project.

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\_\_\_\_\_  
Camper’s Signature

\_\_\_\_\_  
Parent/Guardian Signature

**Camp fee: \$75 per wk/ \$450 per 6 wks**  
**Amount family can pay: \$\_\_\_\_\_**  
**Amount of campership needed:\$\_\_\_\_\_**

*Amount of campership granted will depend on number of applicants and grant funds available.*

Circle camper weeks you are applying for:

July 2<sup>nd</sup> -6<sup>th</sup> -4<sup>th</sup>    July 9<sup>th</sup>-13<sup>th</sup>    July 16<sup>th</sup>-20<sup>th</sup>  
July 23<sup>rd</sup>-27<sup>th</sup>    July 30<sup>th</sup>-Aug 3<sup>rd</sup>    Aug 6<sup>th</sup> -10<sup>th</sup>

Before submitting this application, I read and understood the Stimulating Summers Camp application. I verify the above information is true and correct.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**ASAP before June 15, 2018**  
**Mail completed Financial Aid Application and Camp Application**

**You will be informed how much you will owe for camp depending on number of Campership Applications received and funding available.**

Send To: **Stimulating Summers Daycamp**  
**Reardan Memorial Library**  
**PO Box 227**  
**Reardan, WA 99029**

The Stimulating Summers Daycamps are available to all without discrimination.  
Accommodations for special needs must be requested at least two weeks in advance by calling 509-994-9997.