

Canonicus Camp & Conference Center
54 Exeter Road, Exeter, Rhode Island 02822
1 (800) 294-6318

CAMPERSHIP SCHOLARSHIP APPLICATION for INDIVIDUALS

(Please PRINT; fill out one application per child.)

CAMPER'S NAME: _____ DATE: _____

STREET ADDRESS: _____

CITY/TOWN: _____ ST: _____ ZIP: _____

PARENT/GUARDIAN: _____

DAYTIME PHONE: () _____

Email: _____

CHOOSE ONLY ONE PROGRAM

DAY or OVERNIGHT CAMP PROGRAM NAME: _____

DATE: _____ COST: _____

Before requesting a Campership Grant from Canonicus/ABCORI we ask that you first check to see if your church or social agency (such as the YMCA) has budgeted money for Camperships or Leadership training, and if you qualify.

_____ I have checked with the following agency to request financial support for a campership:

NAME OF CHURCH/SOCIAL AGENCY: _____

TELEPHONE#: (_____) _____ CONTACT PERSON: _____

Amount of Campership that this group is willing to fund: _____

Balance of amount due after Campership Grant and Registration Deposit*: _____

***We assume the individual and/or family will pay partial cost based on their financial ability; typically a minimum payment would include the \$75 registration cost for Day or Overnight Camp.**

_____ Copy of most recent tax form is attached.

(Required if you are applying for more than 50% of the total cost of a week at camp. This is based on a sliding scale.)

I certify that all of the above information is true and correct and all income is reported. An adult must sign the form before it can be approved.

Adult/Guardian Signature: _____

FOR OFFICE USE ONLY

AMOUNT APPLIED FOR: _____ AMOUNT GRANTED: _____

APPROVED BY: _____ DATE: _____ RESPONSE SENT: _____